

**PELHAM PARKS & RECREATION DEPARTMENT
EMERGENCY INFORMATION CARD**

Please Print

CHILD'S NAME _____ D.O.B. _____
Last First M.

AGE _____

ALLERGIES OR ANY
DISABILITIES/RESTRICTIONS

ADDRESS _____ PHONE _____

FATHER _____ CELL PHONE _____

FATHER'S BUS. ADDRESS: TOWN _____ STATE _____

E-MAIL _____

MOTHER _____ CELL PHONE _____

MOTHER'S BUS. ADDRESS: TOWN _____ STATE _____

E-MAIL _____

Please list one neighbor or relative who will assume temporary care of your child if you cannot be reached.

NAME _____ PHONE: _____

ADDRESS _____ CELL PHONE: _____

FAMILY PHYSICIAN _____ PHONE: _____

In case of accident or serious illness, I request the Parks & Recreation Department to contact me. If the Parks & Recreation Department or its authorized representative is unable to reach me, I hereby authorize the Parks & Recreation Department to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the Parks & Recreation Department may make whatever arrangements necessary.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE