

PELHAM PARKS & RECREATION DEPARTMENT

6 Village Green, Pelham, NH 03076

Phone: (603) 635-2721 Fax: (603) 508-3094

EMERGENCY INFORMATION CARD

(PLEASE PRINT CLEARLY)

PARTICIPANT'S NAME: _____
FIRST LAST

DOB: _____ GENDER: _____

STREET ADDRESS: _____

AGE: _____ Grade: _____ in _____ (school yr.)

TOWN, STATE, ZIP: _____

ALLERGIES/MEDICAL: _____

PARENT/GUARDIAN (1st contact name): _____

E-MAIL: _____ PHONE: _____

DISABILITIES/RESTRICTIONS: _____

PARENT/GUARDIAN (2nd name): _____

E-MAIL: _____ PHONE: _____

Please provide contact information for an individual you authorize to assume temporary care of your child, if you are unable to be reached in the event of an emergency:

NAME OF EMERGENCY CONTACT: _____

E-MAIL: _____ PHONE: _____

Authorized pick-up: In addition to the emergency contacts that you have given permission to pick up your child, who else do you authorize to pick up your child on a daily basis with no prior verbal or written communication?

PICK UP #1: _____ RELATIONSHIP: _____

PICK UP #2: _____ RELATIONSHIP: _____

ADDITIONAL COMMENTS: _____

By signing, I understand the following terms and acknowledge its significance. In the event of an emergency, illness or bodily injury, reasonable effort will be made to contact Legal Guardians and Emergency Contact. If they are unable to be reached, I hereby authorize and grant permission to the Parks & Recreation Department, its agents and employees to act on my behalf to contact participant's physician and/or transport participant to a hospital for appropriate treatment and care for the safety of the participant.

SIGNATURE OF LEGAL GUARDIAN

PRINTED NAME OF LEGAL GUARDIAN

DATE