

City of Jeffersonville
Parks and Recreation

Bob Manor
Superintendent

Tom Galligan
Mayor

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812.285.6481

MEDICAL RELEASE

I, _____ hereby give permission for any and all medical attention to be
(Parent/Guardian's Name)
administered to my child _____, born on ____/____/____.
(Child's Name) (Birthday)

In the event of accident, injury, sickness, etc., under the direction of the parks staff, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parent Address: _____
Home Phone _____ Other Phone _____
Insurance Company _____ Policy Number _____

In case of emergency contact:

	Name	Phone	Relationship to Child
(1)	_____	_____	_____
(2)	_____	_____	_____

Physician: _____ Hospital Preference _____
Address: _____ City/State/Zip _____

Please list any allergies /medical problems, including those requiring maintenance medications. (i.e. diabetic, asthma, seizure disorders)

Medical Diagnosis	Medication Dosage	Frequency of Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems that may interfere with or alter treatment.

Signature (Parent/Guardian) _____ Date ____/____/____