2025 EMERGENCY INFORMATION & CONSENT FORM

Participant's full name _____

In case of an emergency or problem, please make contact in the following order:

1. _____ _____ _____
   name relationship phone number
2. _____ _____ _____
3. _____ _____ _____

Please list any allergies: _____
(ie. Peanuts, latex gloves, sulfa drugs)

Participant's Home Address: _____
_____

Participant's Home Phone Number: _____

Participant's Birth Date: _____ **Participant's Age:** _____

Participant's Approx. Height & Weight: _____

Date of last Tetanus Injection or Booster: _____

Please list any medications the participant is currently on or takes often (include dosage):

_____ _____
_____ _____

Please list any important items from the participant's medical history that emergency care givers or a hospital should know about:

_____
_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR CHILD

I (we) do hereby authorize the staff of the Warsaw Parks and Recreation Department, 800 N. Park Ave., Warsaw, Indiana, to consent to any necessary emergency transportation, examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I (we) understand that I (we) will be responsible for all financial obligations and insurance claims resulting from the aforementioned care. I (we) understand that this consent is to allow emergency treatment to be initiated without delay, and that staff and emergency personnel will continue efforts to contact me (us). This consent will be valid from April 2025 to September 2025.

_____

SIGNATURE *(MUST be signed by parent or legal guardian if participant is under 18 years of age)* **DATE**

_____

PRINTED NAME (please print clearly)

***This form is confidential and will be used only to aid in an injury or emergency situation.*
*A copy of this form will be provided to EMTs should the participant require professional attention.***