



TOWN OF WAKEFIELD, NEW HAMPSHIRE
WAKEFIELD PARKS AND RECREATION

2 HIGH STREET
SANBORNVILLE, NEW HAMPSHIRE 03872
Telephone (603) 522-9977 Fax (603) 522-6794
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www.wakefieldrec.com

MEDICAL/EMERGENCY INFORMATION

Program: _____

Participant's Name: _____ Sex: M___ F___ Shirt Size: S M L XL

Birth date: ____/____/____ Age: _____ Grade: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address (if different than above): _____

List Two Emergency Contact Phone Numbers:

(1) Parent/Guardian, First and Last Names: _____ Home # _____

_____ Work# _____

(2) Second Person, First and Last Names: _____ Home# _____

_____ Work# _____

State relationship to athlete: _____
(i.e. grandparent, neighbor, etc.)

Insurance Carrier: _____ Policy# _____

Family Physician: _____ Phone: _____

Allergies (i.e. bee stings): yes___ no___ To What? _____

Allergies to medications: yes___ no___ To What? _____

List Medical Conditions (i.e., wears contact lenses, glasses, braces, etc.)

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above-named participant. I further understand all risks to my child while involved in activities and I will not hold Wakefield Parks & Recreation or its agents responsible for any possible injury resulting during an activity.

I understand this informed consent from and agree to its conditions on behalf of my child/self:

Parent/Guardian/Self Signature

Date

E-Mail Address _____