

**ROBBINSVILLE TOWNSHIP RECREATION DIVISION
PROGRAM- _____**

MEDICAL INFORMATION FORM

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CHILD'S NAME _____	DATE OF BIRTH _____
ADDRESS _____	HOME PHONE _____

MOTHER'S NAME _____ WORK PHONE _____ CELL _____

FATHER'S NAME _____ WORK PHONE _____ CELL _____

CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____

HEALTH INSURANCE CARRIER _____

POLICY NUMBER _____ GROUP NUMBER _____

IN CASE OF EMERGENCY, CONTACT (Please list two people):	
(1) NAME _____	(2) NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____

ALLERGIES _____
Is there any medical condition that would restrict the child's participation in any activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain, _____
Please list any other health-related problems or concerns your child may have that the camp staff should be aware of _____

PARENT/LEGAL GUARDIAN AUTHORIZATION

I realize there is a risk of being injured that is inherent in all sports. To the best of my knowledge, the information recorded above is correct and complete. I give my permission for my child to participate in all activities involved in this program. In the event that I cannot be reached in an emergency, accident or injury which occurs while this minor is participating in a Robbinsville Township Recreation program, I hereby give my permission for the adult representative of the Robbinsville Township Recreation Division to secure whatever medical or hospital care that may be necessary and agree to be financially responsible for such care. I further hold Robbinsville Township and its representatives harmless from and indemnify them against any liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant to the permission to participate for the minor above.

Signature of Parent/Legal Guardian _____ Date _____