

Independence Township Parks and Recreation Department  
**Medical/Information/Release Form**

CHILD'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**WHO TO CONTACT IN CASE OF AN EMERGENCY**

Mother's Name \_\_\_\_\_ (work phone) \_\_\_\_\_  
Father's Name \_\_\_\_\_ (work phone) \_\_\_\_\_  
Other – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ANY SPECIAL CIRCUMSTANCE THAT WE SHOULD BE AWARE OF?** \_\_\_\_\_

**MEDICAL INFORMATION:**

Known medical problems/special concerns \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_  
(Representatives of department are **NOT** permitted to administer any medications)

Physicians name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Office Hours \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to Independence Township to secure  
Emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical  
Facility for \_\_\_\_\_, a minor child, while under the supervision of the a  
Fore mentioned Department.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Independence Township could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of unscreened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in **any field trip and/or activity** connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks & Recreation Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks and Recreation Department of any changes in health which may affect participants participation. In the event of any injury, permission is hereby given to the Parks and Recreation Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date