



# ROCKAWAY TOWNSHIP RECREATION MEDICAL RELEASE

To be carried by ALL recreation coaches to games and practices

**Player:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In Case of emergency where a parent or physician cannot be reached, please contact:

Contact Name	Home Phone	Cell Phone	Relationship to Player
1.			
2.			

Please list any allergies/medical problems, including those requiring maintenance medications.

Diagnosis	Medication	Dosage

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

Date of last Tetanus Booster: \_\_\_\_\_

### Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_