

This form is required before participating in a Geneva Parks & Recreation Program.

Please fill out **ONLY** top or bottom portion of form.

- If you **GRANT** permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please complete the following form:

Emergency Information

Participant's Name: _____ Birth Date: _____

Parent's Name: _____ Address: _____

Home/Work Phone: _____ Cell Phone: _____

If no answer, please phone in case of emergency:

Name: _____ Phone #: _____ Physician: _____

Hospitalization Insurance: _____ Last Physical: _____

History of Diabetes/Epilepsy: _____ Allergies to Sulfa, Penicillin, etc.: _____

Parent/Guardian's Signature Date

Signed in my presence this _____ day of _____, 20 _____

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- I **DECLINE** to grant permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please fill out the following:

Emergency Information Liability Release

This will certify that I, _____ (parent /guardian), of _____, having been requested to furnish all of the information and to execute the same, decline to do so and decline to grant permission for the emergency treatment of _____ by a Doctor of Medicine and decline to grant permission to any person to administer and anesthetic in the event of the medical emergency to _____, on the grounds that such actions are contrary to my and his/her religious beliefs/teachings.

This will further certify that I hereby release the Geneva Parks & Recreation Department, its members, its agent, its representatives, and its employees from any and all liabilities of any nature whatever from an injury or harm or complications of any kind that may result directly or indirectly, by reason of my refusal and failure to grant permission of emergency medical treatment and for the administration of an anesthetic to _____ and by refusal and failure to furnish all the information requested on the top portion of the form by my refusal to execute the same.

Parent/Guardian's Signature Date

Signed in my presence this _____ day of _____, 20 _____