

Norwood Recreation Committee Medical Authorization Form

Player's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Mother's Full Name: _____ Cell/Business #: _____

Father's Full Name: _____ Cell/Business #: _____

In Case of Emergency, notify (relative/guardian)

Name: _____ Relationship: _____

Phone/Pager/Cell/Business #: _____

Medical Information

Physician: _____ Phone #: _____

Address: _____

Player has or is subject to:

<input type="checkbox"/> ADHD	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Contact Lenses
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizures	<input type="checkbox"/> Fainting
<input type="checkbox"/> Allergic to (Please Specify):	

 Other (Please Specify):

Is it necessary to restrict your child's activity for any medical reason? Yes ___ No ___

If yes, please explain:

Does your child need special medication or special care? Yes ___ No ___

If yes, please explain:

To the best of my knowledge this information is accurate and complete. I give my permission, in the event of a medical emergency, that measures be instituted without delay, as judgment of medical personnel dictate. In case of injury, we hereby waive all claims against the borough of Norwood and its agents (volunteers) or organization. I, the parent/guardian give my permission to the above named child to participate in any and all activities.

Parent/Guardian Signatures: _____ Date: _____

(Due to Borough insurance requirements, if we are not in possession of this signed release, your child **will not** be permitted to practice or play, **No Exceptions.**)