

**MONTGOMERY RECREATION  
EMERGENCY MEDICAL RELEASE FORM**

Child's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone # \_\_\_\_\_

In Case of an emergency, if parents cannot be reached, please call:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Restricted activities, if any \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

Allergies or reactions \_\_\_\_\_

Does your child use an EpiPen: YES/NO. Does your child use an inhaler: YES/NO

If you answered yes to either question above, please make sure your child has their EpiPen and/or inhaler with them at all times and make sure they are able to self-administer.

Recent illness, injury or surgery \_\_\_\_\_

Note any physical or mental conditions to be aware of: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK**

I am aware that my child participating in this activity involves risk of injury or loss. I realize that participating in this program presents risks which include, but are not limited to injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the body. I understand that the dangers and risks of my child participating in the program may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I understand the risks and have discussed them with my child. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all coaches, assistant coaches, staff members and volunteers assigned to the program. My child and I understand the risks associated with the program and my child and I have agreed to accept our responsibility in making this program a safe one.

I certify that my child is in proper physical condition for safe participation in Montgomery Recreation's 7 on 7 Football Program, and I agree that it is incumbent upon me to immediately inform the Montgomery Recreation Department should my child's physical condition change at any time prior to or during his/her participation in the program.

I understand that accidental medical insurance is not available through the program and it is my responsibility to arrange for such coverage for my son/daughter. I also give the Montgomery Recreation Department, its organizers, coaches and assistant coaches, permission to take my child for emergency treatment, if needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_