

**EXETER ADULT AND COMMUNITY SERVICES**  
**Exeter High School Athletic Department**  
**1 Blue Hawk Drive Exeter, NH 03833**  
**PHONE: 775-8406 FAX: 395-2514**  
**www.sau16.org**

\* PARENTS CONSENT FORM FOR TREATMENT OF MINOR \*

*Summer Camps Enrolled In (please circle):*    **Baseball**                  **Basketball**                  **Football**  
   **Girls Lacrosse**                  **Softball**                  **Volleyball**                  **Field Hockey**

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I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for Exeter Adult and Community Services/Exeter High School Athletic Dept. of 1 Blue Hawk Drive Exeter, NH to consent to in my absence and absence of other legal guardian, any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of a recognized medical facility, under the general or special supervision of a licensed physician or surgeon until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

SIGNATURE OF PARENT \_\_\_\_\_ DATE: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell/Pager number: \_\_\_\_\_

Home address: \_\_\_\_\_ Work location: \_\_\_\_\_

In case I cannot be reached, the following person/persons is/are designated to act on my behalf.

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell/Pager Number: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INS. INFORMATION: CO: \_\_\_\_\_ NUMBER: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

TETANUS (DATE GIVEN): \_\_\_\_\_

ANY OTHER INFORMATION STAFF/VOLUNTEER OF EXETER ADULT AND COMMUNITY SERVICE SHOULD BE MADE AWARE OF? (MEDICAL, FAMILY, DEVELOPMENTAL)

Note: If you need to provide more information than space allows please use the back of this form or attach a separate sheet and indicate that there is more "over" or "attached"

**Note:** We require you to fill this form out **BEFORE** the start of the program. Thank you for completing this form, it will be in the possession of your child's coach/staff member in the event of an emergency.