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):*** **Basketball Football Softball Volleyball Speed Camp**

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 COMMUMITY 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.