

**Middletown Township Recreation
Health Record, Medical Release and Liability Form**

Name: _____ Address: _____

Date of Birth: _____ Age: _____

Program Site: _____

Name & Phone No. of Parent/Guardian: _____

Emergency Contact: _____

Individuals Authorized
to pick up your child: _____

Name & Phone No. of Child's Physician: _____

Chronic or Recurring Illness (Check those that apply.)

_____ Asthma	_____ Ear Infection
_____ Convulsions	_____ Diabetes
_____ Epilepsy	_____ Other(specify)
_____ Kidney Disease	_____

Is your child taking medication? _____ If Yes, explain: _____

Is your child restricted from participating in any school physical education activity or play activity? If yes, please explain: _____

Does your child have any known Allergies? (Check those that apply and specify.)

_____ Animals	_____
_____ Food	_____
_____ Hay fever	_____
_____ Insect Stings	_____
_____ Medicine/Drugs	_____
_____ Plants	_____
_____ Pollen	_____
_____ Other (explain)	_____

Authorization and Release
(Valid for 90 days from date signed.)

I, the parent/guardian of _____ submit that my child is able to participate in _____ (activity name) and waive Middletown Township, its staff, and any persons affiliated with Middletown Township of any and all responsibility for injury and illness to my child. I hereby authorize the directors of Middletown Township recreation programs to act for me, according to their best judgment, in an emergency requiring medical attention. I also understand that I am solely responsible for the payment of any medical expenses, and I will provide the recreation staff with proof of medical and accident insurance.

Signature _____ Date _____