



342 Bennoch Road P.O. Box 273 Stillwater, ME 04489 (207/827-3961) www.oldtownrec.com

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ DOB: _____

I authorize the Old Town Recreation Center staff and volunteers who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I hereby authorize the Old Town Recreation Center staff and volunteers to consent to medical treatment for my child, and to transport them if necessary. I will not hold these individuals responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind.

I further consent to any treatment by any hospital or physician which, in their judgment, is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of the Old Town Recreation Center staff and upon being shown this Medical Consent.

I understand that every effort will be made to contact me or the person(s) identified as emergency contacts in the event of an emergency requiring medical attention for my child.

The Old Town Recreation Center does not provide accident or hospitalization insurance for the participants of its programs. **Payment will be the responsibility of the parent/guardian.**

Parent/Guardian's Name: _____ Phone #: _____

Parent/Guardian's Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Address: _____

Medical Insurance Carrier: _____

Policy #: _____

Dentist's Name: _____ Phone #: _____

Address: _____

Allergies: _____

Health Conditions: _____

Emergency Contact Name: _____ Phone #: _____

Relationship to Child: _____

Do you give permission for your child to be released to this person?

Yes _____ No _____

Emergency Contact Name: _____ Phone #: _____

Relationship to Child: _____

Do you give permission for your child to be released to this person?

Yes _____ No _____

By signing this form, I hereby acknowledge that all the information above is filled out to the best of my knowledge for confidential use by Old Town Recreation Center staff.

Parent /Guardian Signature

Date

(This consent expires 08/31/2021)

OFFICE USE ONLY

Reviewed Initially On _____

Filed Initially On _____

Paperwork Completed? YES NO

