

MEDICAL AUTHORIZATION FORM

G.J. AUFMAN, JR. JOINT RECREATION PROGRAM - 2018

Sponsored by the Joint Recreation Board of Bradford Woods, Franklin Park, Marshall and McCandless
McCandless Town Hall, 9955 Grubbs Road, Wexford, PA 15090

Student's Name _____ Age _____

Address _____ Phone _____

Father's Place of Employment _____ Phone _____

Mother's Place of Employment _____ Phone _____

Family Physician _____ Phone _____

Relative's Name _____ Phone _____

Neighbor's Name _____ Phone _____

For your child's welfare, we are asking you to fill in this form as completely as possible now to avoid delay at the time of an emergency. In case of a serious accident or illness, it is imperative that recreation personnel be able to reach a parent.

In case of minor illness when neither parent can be contacted, the student named above may (circle your choice or choices): WALK, DRIVE OR TAKE A TAXI to a neighbor or relative's home when consent is given by the neighbor or relative indicated above.

TO WHOM IT MAY CONCERN: If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of the Summer Recreation Program to act as my agent to secure emergency medical treatment for _____ a minor child for whom I am responsible, at UPMC Passavant or other medical facility when in the opinion of the recreation representatives such emergency medical treatment is deemed appropriate during the time when my child is attending, coming to, or leaving the Summer Recreation Program. I hereby agree to hold the Summer Recreation Program and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment and said representatives are specifically authorized to sign any required emergency hospital treatment form(s) on my behalf.

Name any health problems which may limit physical activity

List any known allergies _____

(NO MEDICATION WILL BE ADMINISTERED BY STAFF MEMBERS AS THEY ARE NOT QUALIFIED OR PERMITTED TO PERFORM THIS FUNCTION)

_____ Date _____ Parent or Guardian

RELEASE OF ALL CLAIMS

On this _____ day of _____, **2018**, in consideration of my or my child's participation in all of the Joint Recreation Board Summer Program activities in which I or my child participate(s), I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release, acquit and forever discharge the Joint Recreation Board, or the Town of McCandless, Franklin Park Borough, Bradford Woods Borough, Marshall Township or the North Allegheny School District, or any of their officers, agents, employees, instructors, representatives, successors, and/or assigns and any and all other persons, firms and corporations, whether herein named or referred to or not, from any and all future rights, claims, causes of action, civil or criminal claims, demands, costs, attorneys fees, loss of service, expenses, compensation, third party actions, suits at law or equity, including suits for contribution and indemnity, of whatever nature, and all consequential damages on account of, or in any way associated with the abovementioned program or with arriving to and/or returning from any activity associated with the program.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act. I/we acknowledge that signature by either parent or by one guardian hereby binds all parents and/or guardians of any minor participant.

Signature of Parent and/or Guardian _____