

VOLUNTEER MEDICAL FORM

Volunteers Name _____ Age _____ Birthdate _____
Address _____ City _____ Zip _____
Phone _____ School _____ Grade _____
Mother's Name _____ Father's Name _____
Mother's Home Phone _____ Father's Home Phone _____
Mother's Work Phone _____ Father's Work Phone _____
Mother's Cell Phone _____ Father's Cell Phone _____

Person(s) other than parent to be notified in an emergency when parent is not available.

<u>Name</u>	<u>Relationship to the child</u>	<u>Phone Number</u>
_____	_____	_____

Person(s) other than parent to whom the child may be released.

<u>Name</u>	<u>Relationship to the child</u>	<u>Phone Number</u>
_____	_____	_____

Person(s) who should be excluded from picking up your child.

My child will:

_____ walk or ride their bike home from volunteer activity
_____ be picked up by a parent
_____ be picked up by someone other than parent (name must be listed on this form)

Date of last tetanus Shot: _____ Allergies _____

Special instructions if your child becomes ill: (We will contact the parent first if your child becomes ill, if you have other special instructions, please list them here):

Child's Doctors Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I give consent for my child to take part in camp and in field trips or excursions under proper supervision. I understand I will be informed of field trips. Waiver of liability statement: In registering my child for this activity, I hereby release the Rochester Avon Recreation Authority, the City of Rochester, the City of Rochester Hills, and all supervisors, leaders and staff of all liability for damages or injuries sustained by my child while participating in these activities. In the event of any accident, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permissions to the physician selected by the adult supervisor to hospitalize and provide necessary treatment for my child as named above. I acknowledge that the Rochester Community Schools, the Rochester Avon Recreation Authority and its supervisors, chaperones and staff cannot assume liability for injury enroute to or from day camp field trips and/or day camp activities.

Parent/Guardian Signature: _____ Date: _____