



# Somerset County Park Commission Emergency Medical Information - MINOR

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when a parent / guardian is not available, who should be notified?

- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

If there has been a custody decision, please list the name or names of the person **NOT** permitted to pick up the child.

*(Please provide documentation, which will be kept confidential.)*

Before engaging in any physical activity it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we need to know the following information:

Name of Physician \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Circle if your child has any of the following:

- |           |                         |                  |                      |
|-----------|-------------------------|------------------|----------------------|
| Allergies | Specific Food Allergies | Insect Allergies | Medication Allergies |
| Diabetes  | Seizures                | Contact Lenses   | Dentures             |

Explain in detail any circled above:

Does your child carry an epinephrine pen/kit?  Yes  No

Can your child self-administer their epinephrine pen?  Yes  No

Is there anything else about your child we should know in order for your child to be successful. Include social, educational, behavioral, etc.

Presently taking any medications?  Yes  No If Yes, what? \_\_\_\_\_

This medical information is correct and complete to the best of my knowledge.

**Signature of Parent /Guardian**

Please **PRINT** Signature Name

**Date**

Please Return To:  
Somerset County Park Commission Environmental Education Center  
190 Lord Stirling Road ♦ Basking Ridge ♦ New Jersey 07920 908 722-1200 Ext. 5002 ♦ 908 766-2687 Fax