



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?

1. 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 may 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. I acknowledge this form may be shared with medical personnel in the event of an emergency.

Signature of Parent /Guardian Please **PRINT** Signature Name **Date**