

# HAMILTON PAL EMERGENCY MEDICAL FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Med. Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Please provide medical history including hospitalizations and serious illness: \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions, limitations, learning disabilities or handicaps restricting your child's abilities? \_\_\_\_\_ If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? If so, please list them. \_\_\_\_\_  
\_\_\_\_\_

Does your child take medication regularly? If so, please describe. \_\_\_\_\_

In case a parent or guardian cannot be reached, please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Please provide any other medical information of which we should be aware in the event of an emergency \_\_\_\_\_  
\_\_\_\_\_

Permission is hereby granted to perform emergency medical treatment of my child for injuries that are sustained while under the supervision of the Hamilton PAL organization. I understand that Hamilton PAL will make all diligent and speedy efforts to inform me of the injury as soon as possible.

Whereas the Hamilton PAL Organization is a non-profit organization, organized to promote sporting activities and to furnish entertainment to children as well as to the members of the communities where they perform; and

Whereas, the parents, guardians or custodian of the children are aware of these activities and desire to have their children participate.

Therefore we \_\_\_\_\_ and \_\_\_\_\_  
Parent/Guardian Parent/Guardian

In Consideration of the privilege of our child \_\_\_\_\_  
Participants Name

Do hereby agree to use our own personal insurance should it be necessary before the use of the Hamilton P.A.L. Insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date