

Maplewood Park Recreation Club  
Emergency Medical Form

Last Name \_\_\_\_\_  
Children's Names \_\_\_\_\_  
Address & Phone \_\_\_\_\_  
\_\_\_\_\_

**PART I - To Grant Consent**

In the event that reasonable attempts to contact me at (phone#) \_\_\_\_\_  
or \_\_\_\_\_ (cell phone #) or \_\_\_\_\_ (other  
phone #) have failed, I hereby give my consent for (1) the administration of any kind of  
treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) at  
phone number \_\_\_\_\_. If the designated practitioner is not  
available, by another licensed physician or dentist and (2) transfer of the child to  
\_\_\_\_\_ (preferred hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two  
other licensed physicians or dentists, concurring in the necessity for such surgery, are  
obtained prior to the performance of such surgery. Also, facts concerning my child's  
medical history or any allergies, medications, or physical impairments to which a  
physician should be alerted  
are: \_\_\_\_\_

Signature of parent and date:

\_\_\_\_\_  
Additional contact name/phone number  
\_\_\_\_\_

**PART II - Refusal to Consent - Do not complete Part II if you have completed Part I**

I do not give my consent for emergency treatment of my child(ren). I wish Maplewood  
Pool Stow, Ohio authorities to take NO ACTION or to  
\_\_\_\_\_ if my child(ren) is injured or becomes ill.

Signature of parent and date:  
\_\_\_\_\_