

READING RECREATION COMMISSION
2013 PLAYGROUND PROGRAM
EMERGENCY INFORMATION FORM

Child's Name	Date of Birth	ANY KNOWN ALLERGIES	PHYSICIAN'S NAME/HOSPITAL *	RESTRICTED ACTIVITIES	Parent/Legal Guardian Name

* I AUTHORIZE MY CHILD TO BE TAKEN TO THE NEAREST HOSPITAL FACILITY IN THE EVENT OF AN OFF-SITE FIELDTRIP OR ACTIVITY
YES NO (CIRCLE ONE)

By signing below, I hereby authorize my child(ren) to be taken to the hospital I specified above to receive medical treatment. In an event of an emergency, I can be reached at **TELEPHONE NUMBER**_____. I have listed all known allergies to medications and otherwise for each child that I have registered to participate in the Reading Recreation Commission's 2013 Summer Playground Program. I will not hold the Reading Recreation Commission, the City of Reading, the Reading School District, or any of its employees and/or volunteers liable for injuries incurred while participating in the Reading Recreation Commission's Summer Playground Program.

Parent/Legal Guardian Signature_____ **Date**_____

Printed Name of Parent/Guardian_____

PLEASE SEND YOUR CHILD TO THE PLAYGROUND EACH DAY WITH A WATER BOTTLE, SUNSCREEN, AND ATHLETIC FOOTWEAR. THANK YOU! ☺