

Emergency Medical Form

Hilliard Recreation & Parks Dept, 3800 Veterans Memorial Drive, Hilliard, 43026

This form must be on file to participate in any program.

Child's Name _____

Primary Guardian _____

Home Phone # _____ Work Phone # _____ ext. ____ Cell Phone# _____

Relationship _____

Secondary Guardian _____

Home Phone # _____ Work Phone # _____ ext. ____ Cell Phone# _____

Relationship _____

Contacts In Case of Emergency (if parents cannot be reached)

Name _____ (M/F) _____ **Relationship** _____

—

Home Phone # _____ Work Phone# _____ ext _____ Cell Phone # _____

Family Doctor (name or clinic)

City _____ Phone _____

*****General Health Information*****

Physical Impairments _____

Health Concerns (diabetes, asthma, etc) _____

Known Allergies / Treatments _____

Current Medications _____

Signature of Primary Guardian

Date

Parent/Guardian (if Participant is under 18 years old)