LYNN PARKS & RECREATION

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____/_____/_____

Child's Home Address: _____

Phone #: ( ) _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1._____
Name Address Phone #

2._____
Name Address Phone #

PEDIATRICIAN OR SOURCE OF HEATH CARE

_____
Doctor's Name Address Phone #

EMERGENCY CONTACT PERSON (S)

1._____
Name Address Phone #

2._____
Name Address Phone #

MEDICAL EMERGENCY TREATMENT

I hereby give _____ permission to administer basic
(Name of Program)
First aid and/or CPR to my child _____
___
(Name)
and/or take my child, to a hospital and to
(Name)
secure medical treatment when I cannot be reached or when delay would be dangerous

to my child's health.

_____ _____/_____/_____
Parent Signature Date

Allergies, Chronic Health Conditions:

_____

Insurance Information (Optional)

Company Name: _____ Policy #: _____

Participating Hospital: _____

Special Instruction: _____