

Torrington Parks and Recreation Dept.
153 South Main Street
Torrington, CT 06790

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Office Hours: Monday - Friday, 9:00 AM - 4:30 PM
www.torringtonct.org

CONSENT FOR EMERGENCY TREATMENT OF MINORS FOR TORRINGTON PARKS & RECREATION PROGRAMS

I authorize any licensed physician to provide proper medical/surgical treatment for my son/daughter in the event of illness or injury related to participation in Torrington Parks and Recreation Programs. I realize that permission is granted prior to any medical need, but is given in order to avoid unnecessary delay in emergency treatment which a physician may deem advisable.

If parent or guardians (listed on previous page) cannot be contacted in the event of an emergency, notify:

Emergency Contact: _____ Telephone Number: _____

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Child's Doctor/Physician: _____ Telephone Number: _____

Preferred Hospital: _____

Parent's Medical Insurance Company: _____ Insurance No.: _____

Date of Last Tetanus Shot: ____ / ____ / ____

Medications*: _____

*Parent or guardian must administer any necessary medication to child.

Does your child have any known medical conditions, diagnoses, allergies, recent injuries or physical restrictions that we should know about? If yes, please describe:

I/We give our permission for _____ to participate in Torrington Parks and Recreation programs, realizing that such activities involve the potential for injury.

I/We have read and understand the policies adopted by the Torrington Parks & Recreation Department and agree to abide by those policies. I/We acknowledge that I/We have read and understand this warning.

Signature of Participant, Parent or Guardian

Date