

HANOVER RECREATION BOARD
44 Frederick Street
Hanover, PA 17331

EMERGENCY PROCEDURE CARD

NAME: _____

ADDRESS: _____

PHONE: _____

In case of illness or injury, please indicate who should be contacted:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
FIRST:	_____	_____	_____
SECOND:	_____	_____	_____
THIRD:	_____	_____	_____

EMERGENCY: In the event my child requires medical care from a physician or emergency care staff, I grant permission for league agents to seek help, and I will assume responsibility for costs (ambulance emergency room, physician) incurred by the emergency.

Signature: _____

Parent or Guardian

Date: _____

In the case of any Special Needs or Health Concerns - Please list information on bottom of the form!