

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: _____ **Date:** _____
Parent or Guardian

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

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