

Manchester Parks and Recreation Department
EMERGENCY INFORMATION FORM

EMPLOYEE'S NAME: _____

EMERGENCY CONTACT: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

HEALTH INSURANCE: _____
POLICY # _____ **HOSPITAL PREFERENCE:** _____

HEALTH HISTORY: Please list any allergies (food, seasonal,etc...), and/or physical restrictions.

DATE OF LAST TETANUS SHOT: ____/____/____

MEDICATIONS: Does this employee take any medication? ____ yes ____ no If yes, please list:

Will this employee be taking medication during camp hours? ____yes ____no If yes, please list:

This health history is correct so far as I know. The person named above has permission to participate in all employment activities except as noted by the examining physician or myself. If I can't be reached in an emergency, I hereby give permission to the physician selected by employer to hospitalize, secure, give proper medical treatment and order injection, anesthesia for surgery for the person named above. The Town of Manchester is not responsible for any condition or situation of which they are not informed. Additionally, I the undersigned do hereby waiver and hold harmless the Town of Manchester, it's employees and agent, from any personal or property damage I or any child may incur while participation in this activity. I also understand the Town of Manchester does not provide accident or health insurance.

Signature: _____
(Employee)

Date: _____

Signature: _____
(Parent of employee if under the age of 18)

Date: _____