



Founded July 4, 1772

CITY OF SUNBURY

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Sunbury, PA, 17801
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Playground Emergency Information

(Note: This is not a registration form)

Child's Name _____ Date of Birth _____

I. MEDICAL RELEASE

To hospital or physician: You have my permission to give emergency medical treatment to my child as determined to be necessary by you and/or the counselor from the City of Sunbury Playground Program.

Parent/Guardian _____ Date _____

II. PRIMARY EMERGENCY CONTACT

Name _____ Phone _____

Relationship to Child _____

III. ALTERNATE EMERGENCY CONTACT

Name _____ Phone _____

Relationship to Child _____

IV. CHILD'S PHYSICIAN

Name _____ Phone _____

Address _____
Street/City/State/Zip

V. HOSPITAL PREFERENCE _____

VI. MEDICAL INSURANCE _____
Name/Number

VII. SPECIAL MEDICATIONS/MEDICAL PROBLEMS (Allergies, etc.)

VIII. PERSON(S) TO WHOM YOUR CHILD MAY BE RELEASED

(If injured at the playground) :

