

**ROCKAWAY BOROUGH RECREATION COMMISSION**

**EMERGENCY CARD**

ACTIVITY \_\_\_\_\_

PARTICIPANT \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NO.)

FATHER \_\_\_\_\_  
(NAME) (PLACE OF BUSINESS) (PHONE NO.)

MOTHER \_\_\_\_\_  
(NAME) (PLACE OF BUSINESS) (PHONE NO.)

FAMILY \_\_\_\_\_  
PHYSICIAN (NAME) (ADDRESS) (PHONE NO.)

If parent cannot be contacted - A neighbor or relative in this immediate area who may be contacted in case of emergency or illness.

1. \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NO.)

2. \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NO.)

**ALLERGIES:** Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

In the event that none of the above persons can be contacted; I hereby give my permission for my child (name) \_\_\_\_\_ to be transported to (Please check one) St. Clares•Riverside \_\_\_\_\_ Dover General Hospital \_\_\_\_\_ for medical treatment by the family physician and/or hospital physician.

DATE \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_