

GREAT/DARE DAYS 2018

Police Department • Haverhill, Massachusetts • Tel: (978) 373-1212
Alan R. DeNaro • Chief of Police

NAME OF PARTICIPANT: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ CELL. PHONE: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT CELL. PHONE: _____

GENERAL RELEASE OF RESPONSIBILITY

I hereby fully release the City of Haverhill, any of its employees, contractors, agents, administrators, and all persons associated with this program in any capacity, from any and all claims, from any and all injuries, accidents, and/or losses that my child may incur as a result of his/her participation during above stated program. Furthermore, I hereby waive any compensation whatever for the use of pictures, media coverage, etc. utilized with the program at any time.

.....
PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

EMERGENCY MEDICAL AUTHORIZATION

I agree to the following procedure should medical attention become necessary:

1. The officers(s) will make every effort to contact parent or contact person, explain the circumstances, and receive instructions for the child's care.
2. If the officer is unable to reach the parent, he/she will authorize medical attention if such is deemed necessary upon advice of a qualified physician.

PARENT SIGNATURE (approving above procedure): _____

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INSURANCE INFORMATION

Company: _____

Subscriber: _____

ID Number: _____

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EXISTING MEDICAL CONDITIONS

Complete this portion only if your son/daughter has an existing medical condition.

Participant's Name: _____

Medical Condition: _____

(examples: allergy to insect stings, diabetes, asthma, etc.)

Treatment (if any): _____

Medication (if any): _____

How Often? _____

Known allergies to medication: _____

Special Instructions: _____