

DCS EMERGENCY INFORMATION SHEET

RETURN FORM TO: Department of Community Services Town Offices, 2nd Floor 36 Bartlet Street, Andover, MA 01810	CONTACT US AT: Office: 978-623-8274 Fax: 978-623-8275 www.andoverma.gov/dcs	IMPORTANT: This form must be on file at the DCS office for all youth programs. Please submit an updated form as needed or every two years. Birth Certificate is required for preschool
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Child's Information • Please Print Legibly

Child's Name: First, Middle, Last Home Telephone

Street Address Town Zip Code

M F / /

School Attending Sex (circle one) Date of Birth

Email

Mother/Guardian's Name Cell or Work Number

Father/Guardian's Name Cell or Work Number

Emergency Contact

In the case of an emergency, if we are UNABLE to reach a parent or guardian, who shall we contact?

Name & Relationship Telephone Number

Name & Relationship Telephone Number

Medical & Behavioral Information

Please state any medical conditions, allergies or behavioral issues of which the staff should be aware. Attach additional sheets as needed for medical and/or behavioral information.

Doctor's Name Doctor's Telephone Number

Insurance Provider Policy Number Subscriber's Name

Parental/Guardian Consent & Release Form

I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Community Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Community Services Division (the "Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Community Services Division.

On behalf of myself and my child, I also promise to indemnify, defend and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Community Services Division.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the these programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

Parent/Guardian's Signature Date

Please Print Name

last name, first name, middle initial