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Town of Cornwall

Orange County, New York

Randolph S. Clark
Supervisor
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Authorization of Medical Treatment/ Release Agreement/ Photo Release

Authorization of Treatment:

I give my permission for (child's name) _____ to take part in the Recreation Basketball League for the Town of Cornwall. This child, to the best of my knowledge, is in good physical condition and is capable of participating in recreational activities. In case of an emergency where my child needs medical care and the Town of Cornwall Recreation Department cannot reach the parents/guardian or the emergency contacts listed on the registration form, I hereby give permission to the Town of Cornwall to call for emergency medical personnel and to order treatment and if necessary transportation to a hospital. I also give my permission to the physician to secure and administer treatment if necessary once at the hospital.

Name of Child's Pediatrician:_____ Office Phone #_____

Is child allergic to any medications (yes or no). List medicines if yes:_____

_____

_____

I can choose not to give medical authorization which means that my child cannot be transported or treated at a hospital until I or my emergency contacts have been reached by phone or in person.

****Initial here only if I DO NOT authorize treatment:_____**

Release Statement:

I understand that the Town of Cornwall staff/volunteers are not permitted to accept or dispense medication of any kind. It will be the responsibility of the parent/guardian to administer medication to their child. I agree that the Town of Cornwall and all of its employees and volunteers will be held harmless for any injury sustained out or in the course of this program.

Photo Release:

I hereby give my permission for my child's picture to be used by the Town of Cornwall Recreation Department for any in house publications/brochures/web site etc. as well as for local media outlets such as newspapers.

****I can CHOOSE NOT to give my permission for my child's photo to be used by initialing here:_____**

REGISTRATION FEES ARE NON-REFUNDABLE

Signature of Parent or Guardian:_____Date:_____