



Deliver form to Morris Plains Recreation, Morris Plains Community Center, 51 Jim Fear Drive, Morris Plains, NJ 07950
Please call 973-538-3544 with questions. You can also complete this form online at morrisplainsboro.org under Forms button.

Emergency Medical Information (Minors Only)

Enter Invoice # (from Registration invoice or email) _____

Participant's First Name *(Required)*

Participant's Last Name *(Required)*

Date of Birth *(Required)*

Address incl city, ST, zip code *(Required)*

Home Phone

Email *(Required)*

Parent/Guardian #1 Name

Cell/ Business Phone

Parent/ Guardian # 2 name

Cell/ Business Phone

In case of illness, please list names and telephone numbers to be called in emergency if parent cannot be reached.

Name of Emergency Contact #1 *(Required)*

Phone *(Required)*

Name of Emergency Contact #2 *(Required)*

Phone *(Required)*

Consent *(Required)*

I agree to emergency medical care

In the event of an emergency and I cannot be reached, I give my permission for my child to be given immediate medical care at a hospital or other medical/dental facility

Doctor's Name

Doctor' Phone

TO BE COMPLETED BY PARENT (Please fill in these fields with any information that should be known by Recreation staff. Since they are required fields, please write N/A or none if the question does not apply to your child).

Medical/Orthopedic/Emotional Conditions *(Required)*

Allergies *(Required)*

Does your child use an epi-pen *(Required)*

- Yes
 No

Medication taken daily *(Required)*

Other comments

Date of Last Physical *(Required)*

Parent/Guardian Signature and Printed Name