



City of Ely  
 1570 Rowley Street  
 P O Box 248  
 Ely, Iowa 52227  
 319-848-4103

elyparks@gmail.com

**THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE YOUR CHILD MAY PARTICIPATE.**

**EMERGENCY TREATMENT RELEASE FORM**

PARTICIPANT'S NAME \_\_\_\_\_ BOY / GIRL D O B \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE PHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MOTHER \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ CITY \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPECIFY MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS:

\_\_\_\_\_

OTHER CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*

As parent and/or guardian if I cannot be located, I do hereby give my permission to an authorized representative of the Ely Parks and Recreational Department to obtain professional medical attention for my child in case of illness or injury. I understand that **I am** responsible for all costs involved.

I do hereby authorize treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, is needed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR CHILD \_\_\_\_\_

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER MEDICAL EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNED: \_\_\_\_\_  
 RELATIONSHIP-CIRCLE ONE: FATHER      MOTHER      LEGAL GUARDIAN