

MEDICAL AUTHORIZATION
AND RELEASE

I, _____, the undersigned parent/guardian of
(print name) (“my child”) hereby grant permission to the
(print name)

Village of Cazenovia and its attendants, employees and representatives to secure medical treatment for my child in the event of an injury or sudden illness while my child is at the Village of Cazenovia Skatepark. Such medical treatment may include, but shall not necessarily be limited to, emergency transport, hospitalization, injection(s), anesthesia and/or surgery. I agree to indemnify and hold harmless the Village of Cazenovia, its officers, attendants, representatives, employees, agents and contractors from any and all liability, harm, cost and expense attributable, directly or indirectly, to such medical treatment.

My child has the following special medical conditions or limitations (list all):

I have medical insurance that covers my child through the following insurance plan:

Company/Plan:

Group No.:

ID No.:

Parent/Guardian Signature: _____ Date Signed:

Print Name: _____ Emergency Phone Number(s):

Address:

Witness: _____ Date Signed:
(Required for Parent signature)

Print: Witness Name:

Witness Address: