

**HANOVER RECREATION BOARD**  
44 Frederick Street  
Hanover, PA 17331

**EMERGENCY PROCEDURE CARD**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

In case of illness or injury, please indicate who should be contacted:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
FIRST:	_____	_____	_____
SECOND:	_____	_____	_____
THIRD:	_____	_____	_____

EMERGENCY: In the event my child requires medical care from a physician or emergency care staff, I grant permission for league agents to seek help, and I will assume responsibility for costs (ambulance, emergency room, physician) incurred by the emergency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent or Guardian

**In the case of any Special Needs or Health Concerns - Please list information on bottom of the form!**

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