

Town Of Haverstraw Youth & Recreation Board

*One Rosman Rd
Garnerville, NY 10923
845 429-2200*

Event Permission Slip

Date _____

Please Print

Event/Trip _____

Child's Name _____

Date of Birth _____

Address: _____

Home Phone# _____ Cell# _____

Child's School _____

Parent/Guardian's Name _____

Phone # where parent or guardian can be reached @ the time of this event:

Emergency contact if Parent/Guardian is unreachable:

Name: _____ Phone # _____

Medical Authorization:

In the event of serious illness or injury, I authorize the Town/Youth Board staff to transport (as deemed necessary) my child to a hospital emergency facility for treatment. I will allow the aforementioned individuals to exercise judgment on my child's behalf.

All reasonable attempts to contact a parent or guardian will be made. I accept responsibility for all costs involved in the transport and treatment of my child. My hospital insurance carrier is:

Carrier Name _____ Policy# _____

I give permission for my child to participate in the event indicated above.

Signature _____ Date _____

Name of Group Chaperone: _____