

MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield Recreational Department have inherent risks associated with participation. The Deerfield Recreational Department and/or Town of Deerfield DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS. Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

Consent to Medical Treatment:

As a parent or legal guardian of the above named participant or as a participant myself, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield to give, disclose and release to any emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

Parents / Guardian Signature or Self: _____

Medical Conditions / Allergies: Yes: ___ or No: ____ Please describe in detail any medical conditions or allergies about which the Deerfield Recreational Department or any potential medical care provider should be aware:
