

CHILDREN'S PHYSICAL DEVELOPMENTAL CLINIC

Emergency Release

Dear Parents:

Please fill out the following form completely so we can meet your child's needs if an emergency arises. When filling out the form, choose one of three (4) hospitals that are close to Bridgewater State University. The hospitals are:

- Brockton Hospital, Brockton
- Good Samaritan, Brockton
- Morton Hospital, Taunton
- South Shore Hospital, Weymouth

Print Child's Name: _____
(Last) (First)

Should my child be involved in an emergency situation, he/she is to be taken to:

Hospital: _____ emergency ward.
(Choose from the above list)

As legal guardian/parent, I give permission for my child _____ to receive emergency medical care that may occur during the Children's Physical Developmental Clinic program. I will not hold Bridgewater State University nor personnel involved in the clinic program, legally responsible for injury/accident that may occur.

Parent Signature: _____ Date: _____

Witness: _____ Date: _____

My family doctor is: _____ Telephone: _____

If I cannot be reached, please contact:

Name: _____ Telephone: _____

Address: _____
(Number & Street)

(City) (State) (Zip Code)

Please return to: Sheila Campbell, Administrative Director
Children's Physical Developmental Clinic
Kelly Gymnasium
Bridgewater State University
Bridgewater, MA 02325
508-531-1776