



**WAUWATOSA RECREATION DEPARTMENT
EMERGENCY RELEASE FORM**

Child's Last Name	Child's First Name	()
Address	Zip Code	()
City	Parent/Guardian Name(s):	()
Date of Birth		Cell Phone

Parent Email Address(s): _____

EMERGENCY INFORMATION:

Allergies (including Food): _____

Medical and/or Physical Considerations: _____

Emergency Contacts (list parents individually as the first two followed up two separate emergency contacts)

Name	Relationship to Child MOTHER	Home phone	()
		Cell phone	()
Name	Relationship to Child FATHER	Home phone	()
		Cell phone	()
Name	Relationship to Child	Home phone	()
		Cell phone	()
Name	Relationship to Child	Home phone	()
		Cell phone	()