



Mildred S. Scott
Sheriff

Middlesex County Sheriff's Office

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New Brunswick, N.J. 08903
Phone (732) 745-3271 Fax (732) 745-4381



David Q. Irizarry
Undersheriff

Medical Release Form

Name: _____ Age: _____ Grade _____ Sex: _____
Allergies/Chronic Illness or other Medical Conditions the staff should be aware of: _____

I _____ hereby give my permission for my child to participate in the Middlesex County Sheriff's Office D.A.R.E Junior Academy, and assume the risk thereof.

I do agree for myself/my child at all time to keep the Middlesex County Sheriff's Office, volunteer or paid personnel and the County of Middlesex free, harmless and indemnified from any and all liability for injury I/ my child might sustain as the result of said participation and will not hold Middlesex County Sheriff's Office, volunteer or paid personnel or the County of Middlesex responsible for any losses that may occur.

I remise, release, acquit, satisfy, and forever discharge the Middlesex County Sheriff's Office, volunteer or paid personnel or the County of Middlesex and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant, hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my or my child's participation in this activity. I further certify that my child is capable of participating in all activities required by the recreational programs and that participating in the recreation programs will not pose a risk of physical harm to any participant.

EMERGENCY MEDICAL TREATMENT

As a parent/guardian of _____, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Information

Name _____ Emergency Phone # _____

Address _____ Email _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Parent/Guardian Signature: _____ Date: _____