

MIAMI COUNTY SHERIFF'S OFFICE
Medical Consent and Release

I, _____ am the parent/legal guardian of _____,
Parent/Guardian Name Minor's Name

Who lives at _____, who desires to participate in
Address, City, State, Zip Code

The Miami County Sheriff's Office Safety Town (hereinafter, "Program") being held on/or
between the dates of July 15, 2019 and July 19, 2019 at Miami East Local Schools.

I give my consent, after all reasonable attempts to contact me at phone number(s)
_____ or my spouse, co-legal guardian or _____ at
phone number _____ have been unsuccessful, for:

(1) The administration of any treatment deemed necessary by the physician or dentist
specified below (if any), or in the event the specified practitioner is not available or no
practitioner has been specified, then by another licensed physician or dentist; and

(2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other
licensed physicians or dentists concurring in the necessity for surgery are obtained in writing
prior to the surgery.

The following information is needed by any hospital or practitioner not having access to the
child's medical history:

Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent medical facts to which physician should be alerted: _____

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Additionally, and in consideration of my above named minor child being permitted by the Miami County Sheriff's Office to participate in the Program, I do hereby agree to indemnify, release, protect and hold harmless the Miami County Sheriff, the Board of Miami County Commissioners, their deputies, officers, board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge including supervision, providing instruction, or chaperoning my child during the Program from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of my child participating in the Program.

Dated _____

Parent/Legal Guardian Name:

Signature

Printed Name

Witness:

Signature

Printed Name

Witness Address