



Big Bear Valley Recreation and Park District
41220 Park Ave., PO Box 2832, Big Bear Lake, CA 92315

Consent for Medical Treatment

As the parent, legal guardian or agency representative, I hereby give consent to The Big Bear Valley Recreation and Park District (B.B.V.R.P.D.) to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or osteopath (DO) or dentist (DDS) for this child,

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

This child has the following medication allergies:

This child has the following food allergies:

This child has the following medical conditions:

Parent/Guardian Signature

Date

Parent/Guardian Name

Relationship

Address

Daytime Phone

Evening Phone

Cell Phone

Other emergency Contact:

Name

Phone
