



MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer in the **Explorer Ride-Along program** for Explorer Post 823, sponsored by the Cicero, NY Police Department.

In the event of serious illness or injury to _____ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Signature _____

EMERGENCY PHONE NUMBERS

Home () _____ Work () _____

Advisor Approval _____ Date _____