

ALERT Medical Release Form



To Applicant:

All those who wish to participate in the Londonderry Emergency Response Team (ALERT) program must have this medical release form signed by their physician.

Your physician must consider your participation as a member of ALERT, based on your medical condition, and sign off on your application.

To the Physician:

Members of ALERT, a voluntary search and rescue organization in Londonderry, will participate in hard physical activity, including hiking through all types of terrain and weather conditions, during all hours of the day and night. In addition, it is possible that team members may be used to carry patients on litters through difficult terrain and weather conditions.

Please decide whether the participation in the team is medically in the best interest of your patient. *If you feel that your patient may participate, but with limitations, please note below. Your permission is necessary in order for your patient to participate.*

Thank you for your consideration!

Applicant Name (Please Print): _____

Applicant Signature: _____ Date: _____

I consider the above named applicant medically capable of participation in ALERT.

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____

Physician's Comments _____

**Mail to: Londonderry ALERT/Secretary
PO Box 253
Londonderry, NH 03053**