

Medical Authorization For Boonton Township Summer Recreation Camp

I. Family Information

Child's Name _____ Birthdate _____

Parents' Names _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

II. Additional persons who can be called in an emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

III. Physician to be called in an emergency:

Name _____ Phone _____

Address _____

If physician cannot be reached, what action should be taken?

If an ambulance is called, what hospital should it go to?

IV. Medical Insurance Information:

Group Name _____ Plan Number _____

Name and Social Security # of Insured (or person responsible for payment)

V. Allergies or Other Medical Limitations:

Permission for Medical Treatment: Administrative Procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent Signature _____ Date _____