

## 2020 Neptune Township Medical Authorization Form

As a parent and/or guardian of (child's name) \_\_\_\_\_, a minor,  
I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone #: (       ) \_\_\_\_\_ - \_\_\_\_\_

Phone During Program Time #: (       ) \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (       ) \_\_\_\_\_ - \_\_\_\_\_

Dates during which authorization is granted: from June 29, 2020 to August 7, 2020

Allergies: \_\_\_\_\_ No       Yes, please list \_\_\_\_\_

Indicate specific medical illnesses, medications, other conditions or modifications because of disability that our staff or medical personnel should be aware of:

Is there anything else about your child's health or behavior we should know in case of an emergency?

Other person to contact in the case of emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day phone # (       ) \_\_\_\_\_ - \_\_\_\_\_ Evening phone # (       ) \_\_\_\_\_ - \_\_\_\_\_

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep completed forms for each child on site.