

## 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 release is granted: from 7-5-2017 to 7-27-2017

Indicate specific medical allergies, chronic illnesses, medical conditions, disabilities or anything else about your health that the staff and medical personnel should be aware of in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other person to contact in the case of emergency:

\_\_\_\_\_

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

Daytime 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.