

## 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 June 25, 2018 to August 3, 2018

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

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

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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.