

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, other medical conditions or reasonable accommodations that the staff and medical personnel should be aware of:

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.