

Allaire Country Day Camp

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT Summer Camp 2010 – **FORM MUST BE NOTARIZED**

Child's Information

Camper's Name:	Social Security #
Child's Street Address:	
City/State/Zip	Child's Home Phone:
Date of Birth:	Child's Age:

Child's Medical Information

State any medical Problems: (If none, state so)	
Allergies (medicines, food, insects, etc):	Medications your child is taking:
Doctor's Name:	Doctor's Phone Number:

Child's Insurance

Insurance Co./HMO Name:	Policy Holder's Name:
Group Number:	ID #

BY SIGNING BELOW

We state that we are the parents/guardians having legal custody of the above child and attest that the information above is correct. We authorize the Allaire Country Day Camp Director or Director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

THE FOLLOWING STEPS WILL BE FOLLOWED IN AN EMERGENCY:

1. The Parent/Guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all emergency persons listed on child's application form.
4. If we cannot contact you or your child's physician we will do any of the following:
 - a. Call for emergency first aid assistance/transportation
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member.

Parent/Guardian Signature	Parent/Guardian Signature	Date
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MUST BE SIGNED IN PRESENCE OF NOTARY

(Form MUST be notarized)

NOTARY: Signed before me on _____ day of _____ in 2010.

Notary Signature	(seal)	Print Notary Name
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Term Expires: _____

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