

# SUMMER FUN EMERGENCY MEDICAL AUTHORIZATION

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade (in fall)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under "Summer Fun" authority, when parents or guardians cannot be reached.

\_\_\_\_\_  
Mother / Guardian Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Father / Guardian Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Cell Phone

If parents / guardian's cannot be reached contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

## PART 1 TO GRANT CONSENT (PART I OR II MUST BE COMPLETED)

**I hereby give consent** for the following medical care providers and local hospital to be called:

\_\_\_\_\_  
Doctor/Specialist Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Local Hospital

\_\_\_\_\_  
Emergency Room Phone Number

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Facts concerning the child's medical history** including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

## PART II IS REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART 1)

**I do not give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the "summer fun" authorities to take the following action:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian