

2024 Day Camp Medical Authorization Form

If your child needs medical, dental, health or hospital services, you as a parent must give permission. It is the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician demonstrates a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent/legal guardian for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your child might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy or neighbors – anyone who is over 18 years of age – to be responsible for your children when you are away from home. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person—physician, dentist or hospital representative.

<u>Names of Minor</u>	<u>Birthdate</u>	<u>Identify allergies, medical conditions, cognitive disability, etc.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We being the parent(s)/legal guardian(s) of the above named minor(s) do hereby appoint:

NAME: Town of Cicero	ADDRESS: 8236 Brewerton Road, Cicero, NY 13039	PHONE: 315 699-5233
NAME: Cicero Day Camp staff	ADDRESS: Smith Road Elementary School	PHONE: 315-699-5233

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence.

MONTH: July DAY: 1 YEAR: 2024 THROUGH MONTH: August DAY: 9 YEAR: 2024

This document shall be presented to a physician, dentist or appropriate hospital representative at such times as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN

SIGNATURE: _____	ADDRESS: _____	DATE: _____
SIGNATURE: _____	ADDRESS: _____	DATE: _____

HOSPITALIZATION COVERAGE FOR THE ABOVE-NAMED MINOR(S)

INSURANCE COMPANY OR GOVERNMENT PROGRAM: _____ ID#: _____

FAMILY PHYSICIANS

NAME & PHONE NUMBER: _____

NAME AND PHONE NUMBER: _____