

Roxbury Recreation
 Summer Camp Program
Medical Treatment Authorization Form

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified 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.

Camp Name: _____ Sessions: _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Family Physician: _____ Phone #: _____

Release is granted for the Summer Camp Season of 2020

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

Other person to contact in case of emergency: _____

Relationship to child: _____

Day Phone #: _____ Cell 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 _____