

AUTHORIZATION FOR TREATMENT OF A MINOR

Print Last Name, First Name

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of my dependent.

It is understood that efforts shall be made to contact the undersigned in the event of a medical emergency, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

LIST ANY RESTRICTIONS: _____

BIRTHDATE(s): _____ LAST TETANUS/DIPHThERIA: _____

(DPT) BOOSTERS: _____ ALLERGIES TO DRUGS OR FOOD: _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION: _____

DATE: _____

Signature of father, mother or legal guardian

Address City State Zip

PLACE OF EMPLOYMENT: _____

Father or Guardian

Mother

TELEPHONE NUMBER WHERE PARENTS OR LEGAL GUARDIAN CAN BE REACHED:

Father (Guardian) Home Business

Mother Home Business

TELEPHONE NUMBER OF RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian):

Relative/Friend Home Business

INSURANCE COMPANY(S) _____

Name

Policy Number

Expiration Date Verified by CRPD Agent's Name Phone Number

FAMILY DOCTOR: _____

Name

Phone Number

Additional adults who have your authorization to pick-up your child:

Name Phone Name Phone