

# RANDOLPH GYMNASTICS SUMMER CAMP 2020

3 MIDDLEBURY BLVD RANDOLPH, NJ 07869 P. (973) 584-4111 F. (973) 584-9967

## EMERGENCY FORM

Child Name	_____	Date of Birth	_____
Child Name	_____	Date of Birth	_____
Child Name	_____	Date of Birth	_____
Parent Name	_____	Phone (Home)	_____
Address	_____	Phone (Cell)	_____
	_____	Phone (Bus)	_____
Guardian	_____		
Guardian	_____		

Please list three relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted:

Name	Relationship	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

Explanation: It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

### AUTHORIZATION

I authorize Randolph Gymnastics Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Randolph Gymnastics Summer of emergency requiring medical attention, I hereby give permission to have my child, Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, \_\_\_\_\_, taken to \_\_\_\_\_ (Hospital choice) or other nearby medical facilities for medical care under \_\_\_\_\_ (Doctor choice) Dr. Phone \_\_\_\_\_ or other qualified physicians.

Family Insurance Company \_\_\_\_\_  
Hospitalization Policy # \_\_\_\_\_

I also authorize Randolph Gymnastics Staff to take a temperature reading if necessary. I understand that an armpit or ear thermometer will be used.

Please list allergies or indicate none: \_\_\_\_\_

Please list medical problems or indicate none: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_