

**RANDOLPH TOWNSHIP PARKS, RECREATION AND COMMUNITY
SERVICES**
**AUTHORIZED CONSENT TO MEDICAL TREATMENT
FOR A MINOR CHILD**

(PLEASE PRINT ALL INFORMATION)

(THIS FORM *MUST BE NOTARIZED*)

CHILD'S NAME: _____
(Last name, First Name)

I (we) _____ residing at
(Parent/Guardian) _____ in the City of _____
(Street Address)

County of Morris, State of New Jersey, do hereby state that I (we) are the parent(s)/guardian(s) having legal custody of the above named child, a minor, age _____, born _____ who resides with me (us) at the above address.
(Age) (Date of Birth)

Home Phone _____

Mom Work Phone _____

Dad Work Phone _____

I (we) authorize Randolph Day/Teen Camp Staff to consent to any X-Ray examination, anesthetic medical, or surgical diagnosis, or treatment or hospital care to be rendered to the above named minor, at a recognized medical facility, under general or special supervision of a licensed physician or surgeon. (doctor & emergency contact information on reverse side of card)

Parent/Guardian

Signature _____

Date _____

**Subscribed and sworn to me this _____ day of
_____, 20_____.
(Month) (Year)**

Notary Signature _____
My commission expires on _____

**RANDOLPH TOWNSHIP PARKS, RECREATION AND COMMUNITY SERVICES
HEALTH/MEDICAL FORM**

(YOUR DOCTOR'S SIGNATURE **MUST APPEAR** ON THE BOTTOM OF THIS FORM)

CHILD'S NAME _____

Child's Doctor _____ **Phone** _____

Emergency Contact _____

Emergency Phone _____

Existing Medical Problems, if any _____

Child's Allergies, if any _____

Is your child regularly on medication? If so, what? _____

Special medicine(s) child is taking _____

What communicable diseases has your child had? (chicken pox, measles, etc) _____

Handicaps or unusual conditions (visual, auditory, speech, muscular, etc) _____

Other accidents, illnesses, operations _____

Date of last tetanus shot _____ **Date of last physical check-up** _____

Physician signature _____ **Date** _____

Insurance Company _____

Policy/Group Number _____ **ID Number** _____

Parent/Guardian Signature _____ **Date** _____