

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant North Shore Yacht Club's staff, of 73 Orchard Beach Blvd, Port Washington, New York 11050, the authority to obtain medical treatment for the following child(ren):

Name of Child:
Birthdate:

Name of Child:
Birthdate:

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

This grant of temporary authority shall begin on _____, and shall remain effective through _____.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) listed below:

Name: _____
Relationship to Child: _____
Address: _____
_____, _____

Place of Employment: _____
Preferred Phone Number: _____
Alternate Phone Number: _____

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should contact the following physician:

Name of Physician: _____
Address: _____
Phone Number: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company:
Policy Number:
Name of Policy Holder:

Dated: _____

signature

signature

Parent Address: _____

Preferred Phone Number: _____
Alternate Phone Number: _____