

**CONSENT FOR EMERGENCY TREATMENT OF MINORS  
IN ABSENCE OF PARENT(S) OR LEGAL GUARDIAN**

Name of Minor(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Birth date(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Parent/Legal Guardian (s) Name(s):

\_\_\_\_\_

I, the undersigned, am one of the parents of the minor named above. I know that for the following reasons I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor. Those reasons are:

***Child is under care of the staff at Camp Fish and Game, during the camp day. In case of an Emergency and the parent/guardian cannot be reached.***

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedure, medical, dental, surgical care and hospitalization that any health care provider so determined as advisable, in the best judgment of said health care provider including, but not limited to, any physician, dentist or hospital personnel providing health care to the minor.

In my absence, I would like the health care provider to discuss the matter with the persons designated below. I authorize those persons, insofar as the law of New Jersey State permits me to do so, to enter in to the decision, to convey to the provider my consent, and to consent to said treatment.

I hereby authorize the health care provider to discuss in full with those persons designated any medical information that is required to help the input of the persons so designated.

I hereby hold harmless any physician, dentist, hospital or hospital personnel, other health care provider, EMT or Certified Camp Staff Member rendering such care to the minor from any liability resulting from the failure to obtain consent from me as parent of the minor and from any other person. It is my intent that the person or persons appointed herein shall be able to act in my stead in making such decisions.

I have put the important medical facts, if any, on the Universal Health Form and Camp Fish and Game Application, provided to the Camp. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is in no way intended to restrict the authorization and consent hereby given.

I hereby appoint one person from the following list (on the next page) to be chosen in the order of priority listed when the persons in the prior listings are not reasonably available, willing or competent to participate in the health care decision-making concerning the minor:

**Names, Addresses and Phone Numbers of those persons I am so authorizing are as follows:**

**CHILD'S EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**ADDITIONAL NAME:**

Name: Camp F&G Director Team (*Katie Pridham, Alexa Zigon, Alex Clarke, Sloane Lipson*)  
Address: 41 Fairmount Avenue. Chatham, NJ 07928 | Phone: 973-908-8318

**The period of time over which this authorization exists is as follows:**

Beginning at 12 midnight on: \_\_\_\_\_  
Month Day Year  
Ending at 12 midnight on: \_\_\_\_\_  
Month Day Year

It is intended that this document shall be presented to the physician, dentist, or appropriate hospital or medical representative at such time that the medical, dental, surgical care or hospitalization shall be authorized.

It is intended that this authorization relieve the physician, dentist, or any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or any other person, from signing a consent or authorization to render such care. It is the intent that the person or persons appointed herein shall be able to act in my stead in making decisions.

Signature of Parent/Legal Guardian	Date	Signature of Parent/Legal Guardian	Date
_____ Address		_____ Address	
_____ City/State Zip		_____ City/State Zip	
_____ Home Phone Cell Phone		_____ Home Phone Cell Phone	

**For information only**, I am listing said minor's usual dentists and doctors so they may be consulted if that is deemed necessary by anyone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_