



TOWN OF HAMDEN SUMMER CAMP PROGRAMS

PARENTAL CONSENT FORM FOR MEDICAL EMERGENCIES

Every effort is made to contact the parents/guardians in the event of a medical emergency, serious injury or illness, or when immediate surgical intervention is deemed necessary. On isolated occasions, the parents/ guardians cannot be reached, we request that parents/guardians complete and sign the following statement for each child enrolled in the Town of Hamden Summer Camp Programs. I authorize the Director or designee to act on my behalf in case my child, _____ is the victim of accident, injury or illness, when immediate medical or surgical care is needed, provided that reasonable efforts were made to first notify me of the situation, and to obtain my preferences. If such efforts are unsuccessful, I authorize the Director or designee to secure medical or surgical care for my child, and to take such action and give such consent on my behalf as is determined, based upon the medical advice given, to be in the best interests of my child. In the selection of physicians and surgeons, I request that the Director or designee contact and be guided by the recommendation of _____ M.D. If said physician cannot be reached (or if no physician is specified herein) I authorize the Director or designee to obtain appropriate medical or surgical care. I authorize the Town of Hamden Summer Camp Programs to release information to facilitate the medical or surgical care of my child, or as is necessary for the completion of a Claim for Health insurance. We waive and release the camp from any and all liability for any injuries or illness incurred while at camp.

Parent/Guardian Signature _____ Date _____

Address _____

Telephone (Cell) _____ (Home) _____ (Work) _____

Parent/Guardian Signature _____ Date _____

Address _____

Telephone (Cell) _____ (Home) _____ (Work) _____

Physician _____ Telephone _____

Dentist _____ Telephone _____

HOSPITAL PREFERRED (in case of emergency): _____

Name of Custodial Parent(s) or Guardian(s): _____

Are there any legal restrictions on the release of your child or his/her records, to the non-custodial parent? _____ Yes _____ No If yes, please explain the restrictions: _____

Relatives or friends who can be contacted in case of an emergency:

Name _____ Telephone _____

Name _____ Telephone _____