

TEEN X
PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

I, _____, hereby authorize the
(Parent or Guardian)

North Kingstown Recreation Department to arrange for medical examination and/or

treatment of my child _____
should any emergency arise while my child is participating in a North Kingstown Recreation sponsored program. It is understood that a conscientious effort will be made by the North Kingstown Recreation Department to contact me at the emergency numbers I have provided below, before any medical action is taken.

To: The Hospital Administrator

Dear Sir:

In the event of an accident or illness, I give permission for my child to be treated.

THIS PERMISSION IS VALID FROM (please enter dates of camp):

_____ **TO** _____

Parent of Guardian Signature

Home Phone

Business Phone

Address

Town

Zip

Health Insurance Provider/Name Insurance is Under

NOTARY _____