

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Delaware Township 2010 Summer Recreation Program

Emergency Medical Treatment Authorization: I request that my child participate in the above-named program. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the Summer Recreation Program to act on my behalf and approve appropriate treatment.

During the program, I may be reached at (\_\_\_\_\_) \_\_\_\_\_

Additional emergency contact: Name \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_

Caregivers authorized by you to pickup your child after the program:

Name(s) \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of parent/guardian:** \_\_\_\_\_

My child(ren) and I have talked about her/his (their) responsibility to follow all rules and safety regulations of the Summer Recreation Program:

\_\_\_\_\_  
Signature of 1<sup>st</sup> Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 2nd Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 3rd Child

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of 4th Child

\_\_\_\_\_  
Signature of Parent