



Central Queens YM & YWHA

67-09 108th Street, Forest Hills, NY 11375 718-268-5011

PLEASE CHECK OFF:

- Nursery Camp
- Pioneer Camp
- Pioneer Adventure
- Teen Exploration
- Teen Voyage
- CIT
- Staff

EMERGENCY AUTHORIZATION

Name _____
 Parent/Guardian _____
 Daytime Phone _____
 Home Phone _____

ALLERGIES: (check all that apply)

- Asthma
- Insect Stings (specify) _____
- Penicillin
- Other Drugs _____

EMERGENCY CONTACT (other than above):

Name/Relationship _____
 Phone _____

CURRENT MEDICATION:

HEALTH HISTORY: (check all that apply)

- Bleeding/Clotting Disorders
- Frequent Ear Infection
- Heart Defect/Disease
- Tetanus Injection
- Diabetes
- Seizures
- Prophylaxis
- Other _____

MEDICAL/HOSPITAL INSURANCE INFORMATION:

Name of Holder _____
 Carrier _____
 Daytime Phone _____
 Policy or Group Number _____

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above. This signed authorization also gives permission for my child to participate in ocean/beach swimming and related activities.

Signature of Parent/Guardian _____

Signature of Witness (Notary Public) _____

Notarized on _____



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