



## Syracuse Speedskating Club

4327 Cinnamon Path, Liverpool, NY 13090

Syracuse, NY 13069

www.syracusespeedskating.org

# 2018 Syracuse Speedskating Summer Day Camp Authorization for Minor's Medical Treatment

### Child

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Doctor's Information

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please note conditions for which the child receiving treatment or any other significant medical information:

### Parent/Legal Guardian

Name: \_\_\_\_\_

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

### Authorization and Consent of Parent or Legal Guardian

I do hereby solemnly swear that I have legal custody of the aforementioned minor child, I grant my authorizations and consent for any Supervising Adult to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or any other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of her best judgment upon the advice of such medical personnel.