

**AUTHORIZATION FOR TREATMENT OF A MINOR**

\_\_\_\_\_  
Print Last Name, First Name

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

As the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of my dependent.

It is understood that efforts shall be made to contact the undersigned in the event of a medical emergency, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

LIST ANY RESTRICTIONS: \_\_\_\_\_  
BIRTHDATE(s): \_\_\_\_\_ LAST TETANUS/DIPHThERIA: \_\_\_\_\_  
(DPT) BOOSTERS: \_\_\_\_\_ ALLERGIES TO DRUGS OR FOOD: \_\_\_\_\_  
\_\_\_\_\_

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Address City State Zip  
\*\*\*\*\*

PLACE OF EMPLOYMENT: \_\_\_\_\_  
Parent / Guardian Parent / Guardian

TELEPHONE NUMBER WHERE PARENTS OR LEGAL GUARDIAN CAN BE REACHED:

\_\_\_\_\_  
Parent / Guardian Home Business

\_\_\_\_\_  
Parent / Guardian Home Business

TELEPHONE NUMBER OF RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian):

\_\_\_\_\_  
Relative/Friend Home Business

INSURANCE COMPANY(S) \_\_\_\_\_  
Name Policy Number

\_\_\_\_\_  
Expiration Date Verified by CRPD Agent's Name Phone Number

FAMILY DOCTOR: \_\_\_\_\_  
Name Phone Number

Additional adults who have your authorization to pick-up your child:

\_\_\_\_\_  
Name Phone Name Phone