



CAMP POYNTELLE LEWIS VILLAGE

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SUMMER- PO Box 66, Poyntelle, PA 18454
Ph- 570-448-2161 Fax- 570-448-2117
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Authorization Form for Emergency Medical Treatment

(Under 18 yrs. of age only)

Have your parent or guardian fill out this required authorization form and return it to us prior to your employment:

Staff Member Name: _____

AUTHORIZATION

In the case of an Emergency, I hereby authorize the doctor or hospital to which my child may be brought (and whomever they may designate as their assistants,) to perform any emergency procedure or operation, to give treatment, and administer any anesthetic to my child during his/her employment at Camp Poyntelle-Lewis Village.

Parent/Guardian Name (print) _____ Date _____

Parent/Guardian Signature _____

Relationship to Staff Member _____

Address _____

Home Telephone Number _____

Does the Staff Member Have Medical Coverage? _____

Policy Information and # _____

EXPLANATION

It is the hope of Camp Poyntelle-Lewis Village that the authorization granted on this form will never need to be used. However in order to ensure sound medical practice, such authorization is required. Many doctors and hospitals refuse to give treatment, regardless of how minor the injury, unless they have the authorization of a parent or guardian. Therefore, in an emergency situation where a parent or guardian cannot be contacted immediately, this form is extremely important in securing proper medical care. This written authorization will be used only when absolutely necessary and only after every attempt has been made first to contact the parent or guardian.