

Emergency Medical Services  
 Authorization for Medical Treatment of Minors

| Name of Minor | Birth Date | Identify Allergies or Special Conditions |
|---------------|------------|--|
|               |            |  |
|               |            |  |
|               |            |  |

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

|   |   |                                 |
|---|---|---------------------------------|
| <b>Name:</b><br>Plast Camp Representative | <b>Address:</b><br>2301 School St.<br>North Collins, NY 14111 | <b>Phone:</b><br>(716) 337-3361 |
| <b>Name:</b>                              | <b>Address:</b>   | <b>Phone:</b>                   |

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from (dates):  
 \_\_\_\_\_ to \_\_\_\_\_.

**Signature of Authorized Person:** \_\_\_\_\_.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

|                                  |                                  |
|----------------------------------|----------------------------------|
| <b>Parent/Guardian Signature</b> | <b>Parent/Guardian Signature</b> |
| Address                          | Address                          |
| Date                             | Date                             |

|                          |                          |
|--------------------------|--------------------------|
| <b>Witness Signature</b> | <b>Witness Signature</b> |
| Date                     | Date                     |

**Hospitalization / Insurance coverage for above named minor(s):**

|   |                       |
|---|-----------------------|
| Insurance Company or Government Program | ID or Contract Number |
|---|-----------------------|

**Family Physician(s)**

|                       |                       |
|-----------------------|-----------------------|
| Name and Phone Number | Name and Phone Number |
|-----------------------|-----------------------|

Fill out the above form carefully having your signature witnessed by someone other than the person you are designating to be responsible.