

Child's Name: _____

Location: _____

**Collier County Parks and Recreation Department
EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT**

EMERGENCY INFORMATION

Contact Numbers:

1. Name: _____ Relationship: _____
Number(s): _____

2. Name: _____ Relationship: _____
Number(s): _____

3. Name: _____ Relationship: _____
Number(s): _____

Medical Information:

Allergies: _____

Medications: _____

Other Conditions/Information: _____

AUTHORIZATION FOR TREATMENT

I, _____, hereby give my consent to any medical facility
(Name of Parent/Guardian)

and/or physician to administer necessary emergency treatment to my child,

_____ in the event I cannot be contacted. I give my
(First and Last Name of Child)

consent to transport by ambulance if the situation warrants.

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent Guardian: _____