

Child's Name: \_\_\_\_\_



**MONTCLAIR  
STATE  
UNIVERSITY**

New Jersey School of Conservation  
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Branchville, NJ 07826  
973-948-4646  
973-948-5131 (Fax)  
www.montclair.edu/school-of-conservation

**Authorization for Medical Treatment of a Minor  
Temporarily Separated from His/Her Parent(s) or Guardian(s)**

Dear Parent or Guardian:

While your child is attending the New Jersey School of Conservation, he/she may need medical attention. To avoid delay in obtaining your consent, to make clear your choice of physician, and to provide other information about your child's health care needs, please complete this form and sign it. This form should be left with the person or institution that will be in charge of your child while at the New Jersey School of Conservation. This authorization will used only if the NJSOC nurse is unable to reach the parents or guardian.

I /we \_\_\_\_\_

(Parents/Guardians)

(Address)

(City)

(County)

(State)

(Zip Code)

(Home Phone Number)

(Cell/Business Number)

do hereby state that I am/we are the parent(s)/guardian(s) having legal custody of:

\_\_\_\_\_ a minor child, age \_\_\_\_\_, born on \_\_\_\_\_.

(Child's Name)

If I/we cannot be reached, I/we authorize \_\_\_\_\_, the School/Group

Representative, an adult who works at \_\_\_\_\_

in the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon medical services for my child. This authorization expires on: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Parent(s)/Guardian(s)

Witness

Child's Name: \_\_\_\_\_

### Emergency Contact Information

In an emergency, if unable to reach parent or guardian, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information

Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

Is child up to date on ALL vaccines?  yes  no If not, or if the child is exempt from vaccines, you MUST attach a statement from the child's physician.

Child's Allergies, if any: \_\_\_\_\_

Describe reaction: \_\_\_\_\_

Usual treatment: (i.e.: Epipen, Benadryl 25 mg., etc.): \_\_\_\_\_

Existing medical problems, if any: \_\_\_\_\_

Dietary Restrictions or Food Allergies (also inform school/group's coordinator): \_\_\_\_\_

**DIETARY POLICY:** *In order to avoid the possibility of a food-related medical emergency, children/guests will only be served items that conform with the dietary restrictions submitted by their parents/guardians and indicated on the Special Diets Form (submitted by the School/Group Coordinator). If a parent/guardian notes a particular allergy or a specific food to avoid, only items that meet the restrictions will be served to that child/guest. The NJSOC kitchen staff will follow the written instructions and will not change any guests' menus once they are on site. The kitchen will prepare any foods provided by parents to address allergies.*

Child's Name: \_\_\_\_\_

## Medical Permission Slip

Dear Parent or Guardian:

Please complete and sign this permission slip if your child will be requiring medication, prescription or over the counter, while at Montclair State University's School of Conservation. All medications MUST be in the original pharmacy container with the label intact. Each MUST include your child's full name, name of medication and proper dosage. If there are multiple medications, please put all containers into a large ziploc bag. Children are NOT allowed to have medication in cabins.

While at the New Jersey School of Conservation, the NJSOC nurse has my permission to give medication to:

\_\_\_\_\_ (Child's name).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

If needed, the nurse may administer the following to my child:

Tylenol:  yes  no

Ibuprofen:  yes  no

Benadryl:  yes  no

Tums:  yes  no

### Medication and Dosage Information

Medication Name	Dosage	Time(s) to be given (Breakfast, Lunch, Dinner or Bedtime)	Reason for Medication

Attach additional sheet if necessary