

The Backpack Club, Inc.
P. O. Box 1481
Greenwood Lake, N.Y. 10925
845-477-0151

Emergency Care Form

This form must be signed prior to the child's enrollment in The Backpack Club. All information must be filled out completely before being accepted. In the event of a serious accident or injury The Backpack Club Staff will follow these procedures:

1. At least one parent/guardian will be called at the numbers provided.
2. If we are unable to reach the parents, emergency numbers, will be contacted.
3. If we are unable to reach the emergency numbers, we will contact the physician listed below.
4. If emergency treatment is needed, a staff member will phone for an ambulance and accompany the child to the emergency room.

Child's Name _____

List any known allergies to medication and anesthetics: _____

Date of last tetanus shot _____

Physician's # _____

Other conditions an attending physician should be aware of _____

Date _____

I hereby authorize emergency medical care for child, _____, during his or her attendance at The Backpack Club Inc. if in the judgment of the staff; treatment is required for any serious injury or illness. I hereby also authorize the administering of anesthetics and other procedures deemed necessary by attending physicians. I understand that whenever possible, I will be notified at the earliest time, should expense for medical care or transportation incurred on my child's behalf.

(Parents/Guardian Signature)

(Date)