

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

1600 VALLEY ROAD • WAYNE, NEW JERSEY 07470

Pre-College Youth Programs Workshops and Summer Camps Emergency Health Form

Please return this form no later than the first day of the program via fax (973)-720-2298, email (youthprograms@wpunj.edu), or in person.

PROGRAM NAME: _____ **DATES:** _____

STUDENT INFORMATION: **Last Name:** _____ **First Name:** _____

EMERGENCY PHONE NUMBERS

Phone Number: _____	Relationship: _____
Phone Number: _____	Relationship: _____

1. INSURANCE INFORMATION

Company/ HMO _____

Group Number _____

Identification _____

2. PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY TREATMENT

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize William Paterson University's the College of Education to obtain emergency treatment for my child. I consent to an 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.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. There will be an attempt to contact you through the emergency person listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a) Call for an emergency paramedic assistance/transportation
 - b) Call another physician
 - c) Have the child transported to an emergency hospital by a campus police officer from William Paterson University.
5. The university will not be responsible for complications that may occur as a result of false information given at the time of enrollment.

STUDENT'S PHYSICIAN NAME _____ PHONE# _____

PARENT/GUARDIAN NAME (**PLEASE PRINT**) _____

PARENT/GUARDIAN SIGNATURE: _____

DATE OF SIGNATURE: _____ DATE PERMISSION TERMINATED: _____

OFFICE USE ONLY:

DATE RECEIVED: _____ **BY:** _____ **Comment:** _____