



# TOWN OF MONROE

PARKS & RECREATION DEPARTMENT

7 Fan Hill Road  
Monroe, CT 06468  
Phone: 203-452-2806  
www.monroerec.org



**Monroe Parks and Recreation**  
Wolfe Park \* Masuk Pool  
Lake Zoar \* Webb Mountain Camping

## Permission to Treat

Parents,

The safety and well being of your child is the primary concern of the Summer Fun Days Staff. While we have taken many precautions into consideration in planning a fun-filled summer for your child, we also realize that unexpected injuries can occur while a child is engaged in summer camp activities. This form authorizes us to act in the best interest of your child. Also, we will inform you daily of any first aid incidents involving your child. Please feel free to contact the Monroe Parks and Recreation Department with any questions regarding this policy.

I hereby give permission to the medical personnel selected by the staff of Summer Fun Days to provide routine health care, administer medications, order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician/facility selected by the staff of Summer Fun Days to secure and administer treatment, including hospitalization for the minor listed below. This completed form may be photocopied for trips outside of camp.

Campers Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Emergency Contact #2: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

