

THIS FORM MUST BE NOTARIZED

Camp All★Starz

TREATMENT AUTHORIZATION FORM

I, _____, parent/guardian of _____
authorize the staff of Camp All Starz to obtain medical treatment for my child in the event of a medical emergency.
It is my understanding that in the event of an emergency my child will be transported to and treated Jersey Shore
Medical Center, Neptune, NJ

My child's insurance information is as follows:

Name of Insured _____

Social Security Number _____

Insurance Company _____

Telephone Number _____

Address _____

Policy Number _____

ID Number _____

Group Number _____

Signed _____

Parent/Guardian

Sworn and subscribed before me a Notary Public of
the State of New Jersey this _____ day of _____, _____