

Smart Start Academy

1580 Lakewood Rd.

Toms River, NJ 08755

732-505-6300

Authorization for Medical Treatment of a Minor

In the event of an emergency requiring medical care, do you wish us to call your pediatrician? Yes No

Doctor's Name: _____

Address: _____

Phone Number: _____

I (we) _____ and _____,
authorize, for emergency purposes only, any designated employee of Smart Start Academy
to transport _____, a minor born on
_____, by ambulance and consent to any necessary examination,
anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered
to the minor under general supervision and the advice of any physician or surgeon licensed
to practice in the State of New Jersey until you arrive.

Allergies to Drugs or Foods: _____

List any special medications or pertinent information: _____

Authorization: _____ Date: _____

_____ Date: _____

Administrator's Signature _____