

Town of Verona  
Summer Park Program  
6600 Germany Road  
Durhamville, NY 13054

***Authorization for Medical Treatment***

Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We being the parent(s) or legal guardian(s) of the above named minor, do hereby Appoint:

Name: Kelly Ross

Title: Park Recreation Director

Phone: 315-271-5664

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and Hospitalization for the above named minor during the period of my/our absence from:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MonthDay Year MonthDay Year

\_\_\_\_\_  
Signature Parent/Guardian Date Address

\_\_\_\_\_  
Signature Parent/Guardian Date Address

Hospitalization Coverage for Above Named Minor:

Insurance Co. or Government program \_\_\_\_\_

ID or Contact Person: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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