

Please email this form, once signed, to: registration@gsfun.org, fax to (732) 751-2761, or mail to the address listed at the bottom of this form. Please keep a copy for yourself.

Questions? Call (732) 751-2755



2020 MEDICAL AUTHORIZATION FORM

Camper Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Day Phone: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Cell Phone: _____

Physician's Name: (Please Print) _____

_____ is able/not able (please circle one) to participate
Camper Name

in the following day camp programs as indicated below:

Horseback Riding Programs

For persons with Down Syndrome:

Negative Cervical X-Ray for Atlantoaxial Instability X-Ray Date: _____

Negative for Clinical Symptoms of Atlantoaxial Instability
Diagnosis Yes No Date of Onset: _____

Licensed Medical Professional Signature: _____

Address of Practice: _____

City, State, Zip Code: _____

Practice Phone No.: _____

**Girl Scouts of the Jersey Shore
1405 Old Freehold Road
Toms River, NJ 08753**