

Please fax this form, once signed, to: (732) 751-2761, email to registration@jerseyshoregirlscouts.org or mail to the address listed at the bottom of this form. Please keep a copy for yourself. Questions? Call (732) 751-2755



**amity acres
day camp**

2019 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
 Teen Travelers

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**