



## PERMISSION TO RESPOND TO MINORS FORM

In case of an emergency or incident, I (parent's name) \_\_\_\_\_ give permission to the staff of RWJ Fitness & Wellness Center to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) \_\_\_\_\_, until such time as a parent can be notified and/or arrive at our facility.

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Any Food Allergies: Yes / No

If Yes, List: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_