



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: _____