



# PISCATAWAY TOWNSHIP POLICE DEPARTMENT

## *POLICE YOUTH WEEK MEDICAL EMERGENCY TREATMENT RELEASE*

### TO WHOM IT MAY CONCERN:

AS A PARENT AND/OR GUARDIAN OF \_\_\_\_\_, A MINOR, I  
(CHILD'S NAME)

HEREWITH AUTHORIZE MEDICAL TREATMENT BY A QUALIFIED AND LICENSED DOCTOR IN THE EVENT OF A MEDICAL EMERGENCY, WHICH, IN THE OPINION OF THE ATTENDING PHYSICIAN, MAY ENDANGER HIS OF HER LIFE, CAUSE DISFIGUREMENT, PHYSICAL IMPAIRMENT, OR UNDUE DISCOMFORT, IF DELAYED. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT HAS BEEN MADE TO CONTACT ME. THE DATES FOR WHICH THIS RELEASE IS GRANTED IS FROM **JUNE 24, 2019** TO **JUNE 28, 2019**.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PLEASE LIST ANY SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER MEDICAL CONDITIONS

THE STAFF SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_

### *CONTACT IN CASE OF EMERGENCY:*

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S PRINTED NAME: \_\_\_\_\_

# PISCATAWAY TOWNSHIP POLICE DEPARTMENT

## *POLICE YOUTH WEEK PHOTOGRAPHIC RELEASE*

### TO WHOM IT MAY CONCERN:

AS A PARENT AND/OR GUARDIAN OF \_\_\_\_\_, A MINOR, I  
(CHILD'S NAME)

HEREBY GRANT THE PISCATAWAY TOWNSHIP POLICE DEPARTMENT AND ITS REPRESENTATIVES PERMISSION TO TAKE PHOTOGRAPH(S) OF MY CHILD AND USE THE LIKENESS FOR ANY LAWFUL PURPOSE IN ANY OF ITS PUBLICATIONS, ILLUSTRATIONS, ADVERTISING, PUBLICITY, INCLUDING WEBSITE AND SOCIAL MEDIA ENTRIES, WITHOUT PAYMENT OR ANY OTHER CONSIDERATION.

I HAVE READ THIS RELEASE AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS RELEASE.

THE DATES FOR WHICH THIS RELEASE IS GRANTED IS FROM **JUNE 24, 2019 TO JUNE 28, 2019.**

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_