



CALDWELL SUMMER ACADEMY
AT CALDWELL UNIVERSITY

Parental Consent for Medical Treatment Form

The following form is to be used if any medical attention is needed for your child during his/her participation at Caldwell Summer Academy – please read carefully and sign.

The Law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in an extreme emergency, without parents/guardians being contacted and fully informed.

Child's Name: _____

Age: _____ DOB: _____

Parent/ Guardian's

Name: _____

Parent/Guardian's

Signature: _____ Date: _____

Health Insurance

Company: _____

Policy Number: _____

Policy Holder

Name: _____

Relation to

Scholar: _____

Authorization for Medical Care I hereby authorize the Academy Director at Caldwell University to be responsible for my son/daughter, _____, for the purpose of minor medical attention. I also grant permission for an emergency physician to examine and treat, hospitalize or secure treatment for my child in the event of an emergency. I understand that academy staff are not responsible for providing ongoing or specialized medical care and that I am responsible for ensuring that my child has any necessary medication with them at the academy, properly labeled and with instructions.

Parent/Guardian Signature: _____ Date: _____

Return to: The Office of Admissions Newman Center 120 Bloomfield Avenue, Caldwell NJ 07006
ATTN: Anthony Grosso

NO CAMPER WILL BE PERMITTED TO ENTER ACADEMY WITHOUT THIS FORM



CALDWELL SUMMER ACADEMY
AT CALDWELL UNIVERSITY

Physician Certification

The following must be filled out completely and must be signed by a physician. No camper will be permitted to participate without this completed form on file. Form due by June 1, 2025.

Allergies: _____

*If your child requires the use of an inhaler or an Epi-pen, please send one with them each day or send one to be kept in the medical office during the duration of the academy.

Daily Medication: _____

Activity restrictions: _____

Health conditions we should be aware of during camp
(explain): _____

Physical examination completed on: _____

"I certify that the above-named scholar is in good health and is free to participate in all academy activities unless otherwise noted above."

Signature of Physician: _____ Date: _____

Physicians Stamp

Return to: The Office of Admissions Newman Center 120 Bloomfield Avenue, Caldwell NJ 07006
ATTN: Anthony Grosso

NO CAMPER WILL BE PERMITTED TO ENTER ACADEMY WITHOUT THIS FORM