Princeton Fitness & Wellness at Plainsboro An Affiliate of Princeton Medical Center

PERMISSION TO RESPOND TO MINORS FORM

In case of an emergency or incident, I (parent's name)	give permission to the staff of	
Princeton Fitness & Wellness Center at Plainsboro 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:

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