



**Emergency Medical Authorization Form**  
Buffalo Museum of Science  
1020 Humboldt Pkwy, Buffalo, NY 14211  
716-896-5200. ext 345 / Fax: 716-895-8739

PLEASE COMPLETE THIS FORM TO ENABLE MUSEUM STAFF TO ACT IN YOUR BEST INTEREST IN AN EMERGENCY SITUATION.

NAME 1: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME 2: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME 3: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list names and telephone numbers of two persons (relatives, friends, etc.) to contact in the event of an emergency situation.

---

Name	Phone
------	-------

---

Name	Phone
------	-------

PLEASE LIST ANY MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS:

In the event of an emergency situation such as an accident or sudden illness, I authorize the Camp-In Administrator to use the above information.

---

Signature	Date
-----------	------