



Medical Treatment Authorization & Consent Form

I, the parent or guardian of:

- 1) _____ (minor child name)
- 2) _____ (minor child name)
- 3) _____ (minor child name)

authorize _____ (accompanying adult name or trip leader name) to:

- arrange or provide medical treatment for the minor(s), including but not limited to helicopter evacuation, ambulance service, medications, first aid, hospitalization, and surgery;
- execute any forms, consents, and releases as may be useful under the circumstances; and
- delegate the authority granted herein to any other person(s).

I understand that efforts will be made to contact me if medical treatment should be needed. I will ensure that the minor will bring any necessary medications on the trip.

Parent or Guardian Name (print)

Signature

Date

Trip Name

Trip Leader Name

Trip Dates
