



# Medical Treatment Authorization & Consent Form

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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

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