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 __________________________

Medical Treatment Authorization & Consent Form