

## 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:	
<ul> <li>arrange or provide medical treatment for ambulance service, medications, first execute any forms, consents, and release delegate the authority granted herein to</li> </ul>	et aid, hospitalization, and surgery; ses as may be useful under the cir	·
I understand that efforts will be made to contact minor will bring any necessary medications on the		e needed. I will ensure that the
Parent or Guardian Name (print)	Signature	Date
Trip Name	Trip Leader Name	 Trip Dates
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