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 ___________________________