

Consent to Treat

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

This consent form will remain effective until the end of the event.

Medical Matters

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes...

- 1.) Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: _____ Date: _____

- 2.) I hereby grant permission for nonprescription or nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

- 3.) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Is child a vegetarian? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking?

If yes, explain:

In case this pertains to the nature of the event/trip/activity, please answer the following question:

List other teens you would like to room with (overnights) _____

Would your parent like to be a chaperone? If yes, do they have all their clearances? _____

How many teens can fit in your vehicle? _____

Any additional comments: