

# Outbound Group Trip Medical Consent Form

## Participant Information

Full Name

Date of Birth

Group/Organization Name

## Parent/Guardian Information (if participant is under 18)

Name

Contact Number

## Emergency Contact

Name

Relationship

Phone Number

## Medical Information

Existing Medical Conditions

Current Medications

Allergies

Dietary Restrictions

**Consent and Authorization**

I hereby give permission for the participant named above to join the outbound group trip. In the event of a medical emergency, I authorize the group leader(s) and/or appointed medical personnel to secure and administer any medical treatment deemed necessary for the health and welfare of the participant, including hospitalization and/or anesthesia. I affirm that the above information is accurate and complete to the best of my knowledge.

Signature

Date