

Youth Organization Outbound Expedition Consent Form

Participant Information

Full Name

Date of Birth

Parent/Guardian Name

Contact Number

Expedition Details

Expedition/Event Name

Date(s) of Expedition

Location

Medical Information

Relevant Medical Conditions or Allergies

Medications Currently Taken

Emergency Contact Name & Number

Consent and Agreement



I hereby grant permission for my child to participate in the outbound expedition and acknowledge the associated risks.



In the event of an emergency, I authorize the leaders to obtain emergency medical treatment for my child.



I have provided all relevant medical and contact information above.

Parent/Guardian Signature

Date