

Youth Travel Emergency Contact and Medical Release

Please complete all sections of this form. This document is required for participation in youth travel activities and will be kept on hand by trip leaders in case of emergency.

1. Youth Participant Information

Full Name of Youth:

Date of Birth:

Home Address:

City, State, Zip:

2. Parent / Guardian Contact Information

Parent/Guardian Name:

Primary Phone Number:

Secondary Phone Number:

Email Address:

3. Alternate Emergency Contact

In the event that the parent/guardian cannot be reached, please list an alternate contact:

Contact Name:

Relationship to Youth:

Phone Number:

4. Medical and Insurance Information

Health Insurance Provider:

Policy Number:

Group Number:

Primary Care Physician:

Physician Phone Number:

Medical History and Conditions

Please list any allergies, dietary restrictions, chronic medical conditions, or regular medications. Write "None" if not applicable.

Allergies (Food, Drug, Environmental):

Current Medications:

Chronic Conditions / Health Concerns:

5. Authorization and Consent for Medical Treatment

I, the undersigned parent or legal guardian of the youth participant named above, do hereby authorize the designated trip leaders and chaperones to consent to any medical, dental, surgical, or emergency treatment necessary for my child in the event of an emergency.

I understand that every effort will be made to contact me or the alternate emergency contact prior to rendering treatment, but this authorization is given in advance to avoid any delay in necessary care. I agree to assume financial responsibility for all medical expenses incurred during the trip.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian (Physical signature if printed):

Date: