

Group Travel Medical Consent Form

Please complete this form in full. This document is required for participation in the group travel event and will be used by the group leader/medical staff in the event of an emergency.

1. Group & Trip Information

Group / Organization Name:

Trip Destination:

Departure Date: Return Date:

Group Leader Name:

2. Participant Information

Full Name:

Date of Birth: Gender:

Home Address:

Phone Number: Email Address:

3. Emergency Contact Information

Primary Contact Name:

Relationship to Participant:

Primary Phone: Alternative Phone:

4. Medical & Insurance Information

Health Insurance Provider:

Policy / Group Number:

Policy Holder Name:

Known Allergies (Food, Drug, Insect, etc.):

Current Medications:

Existing Medical Conditions:

Dietary Restrictions / Other Concerns:

5. Authorization and Consent

I, the undersigned, hereby certify that the information provided on this form is correct and complete to the best of my knowledge. In the event of a medical emergency during the group travel, I hereby grant permission to the Group Leader, chaperones, or designated representatives to authorize necessary medical treatment, including hospitalization, anesthesia, surgery, or administration of medication for the participant named above. I understand that every effort will be made to contact the emergency contact listed above prior to authorizing major medical treatment, but treatment will not be delayed if the contact cannot be reached.

I also agree to assume financial responsibility for all expenses incurred in relation to such medical treatment, including transportation, hospitalization,

and physician fees.

Participant Signature (if 18 or older):

Sign here after printing

Date:

MM/DD/YYYY

Parent / Guardian Signature (if under 18):

Sign here after printing

Date:

MM/DD/YYYY

Parent / Guardian Printed Name: