



MEDICAL CONSENT FORM  
FOR LOCAL YOUTH TRIPS

In the event that our child, \_\_\_\_\_, becomes ill or sustains an injury while on an authorized and chaperoned outing, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

Date: \_\_\_\_\_  
(signature of parent or local guardian)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_

ANY SPECIAL HEALTH PROBLEMS? DESCRIBE:

ANY MEDICATIONS? (Name/Dose/Prescribing physician)

Family Doctor:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Address: \_\_\_\_\_

Policy # \_\_\_\_\_

Name of policy holder \_\_\_\_\_