

## CONSENT FOR MEDICAL TREATMENT

I am the parent of \_\_\_\_\_ who will be on this backpacking trip. I hereby consent to any medical services and hospital care that may be required while on this trip. I hereby appoint Scott Hannemann to act on my behalf in securing necessary medical services and hospital care from any duly licensed physician or osteopath. The responsibility for the cost of medical care is assumed by the camper, parents or guardian.

### HEALTH HISTORY

Insurance Company:

\_\_\_\_\_

Insured Person:

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

Insured Person's Social Security #:

\_\_\_\_\_

Family Doctor:

\_\_\_\_\_

Date of Last Tetanus:

\_\_\_\_\_

Any Allergies:

\_\_\_\_\_

Any Major Medical Problems:

\_\_\_\_\_

Medication Taken Daily:

\_\_\_\_\_

Parent Signature:

\_\_\_\_\_

Date: \_\_\_\_\_