

EMERGENCY MEDICAL CONSENT FORM
Buffalo River Trips

_____ (Trip Leader) has my permission to obtain emergency medical treatment for myself _____ (Participant's name) and child, grandchild, etc.

_____ (Participant's name).

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Insurance Provider _____

Father/Guardian's Medical Number _____

Child's Medical Number _____

Preferred hospital/treatment center _____

I am taking the following medications:

I have the following allergies

My child is taking the following medications:

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by myself and my child.

Signature of Parent/Guardian

Date