

HOPi THREE MESAS, INC.

AUTHORIZATION FOR MEDICAL SERVICES

I, _____, the parent/guardian of _____
hereby give permission for this minor to participate in activities and trips hosted by Hopi Three Mesas, Inc.

In the event of an emergency arises at a Hopi Three Mesas, Inc. event or any scheduled trip, permission is hereby granted to the attending physician to proceed with any medical or minor treatment, x-ray examinations and immunizations for the above-named minor. In the event of a serious illness, the need for major surgery, or any significant accidental injury, I understand that an attempt will be made by the physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the named student may be given. I hereby assume financial responsibility for all hospitalization, medication, and treatments provided. A copy of this form will accompany the trip sponsor. I agree not to hold the Hopi Three Mesas, Inc. or any other organization affiliated with Hopi Three Mesas, Inc. and anyone acting in its behalf responsible for any injury occurring to the named minor in the course of activity including travel.

Prescription medication(s) minor is taking:

Allergies to Medication: _____

Allergies to Food: _____

(Continue on back if needed)

Medical Insurance Provider _____

Medical Insurance Provider Phone # _____

Primary Care Service Provider _____ Chart #: _____

Hopi Three Mesas, Inc. is an Equal Opportunity Service Provider. If your child has special needs or needs additional support to participate in Hopi Three Mesas, Inc. programs/activities, please indicate below.

Additional Information: _____

I have read the above and agree, as the party legally responsible for the above-named minor, to all statements and terms. I understand that every reasonable precaution will be taken to provide for the safety and care of the minor throughout the program.

Signature of Parent/Guardian _____

Date _____