

Consent for Medical and/or Emergency Treatment

I, _____, hereby voluntarily consent to the rendering of
(Name of Guardian/Person completing form)
such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by
medical doctors, hospitals or their authorized designees, as may in their professional judgement be
necessary to provide for the medical, surgical or emergency care of my

_____, _____.
(Relationship) (Hereafter "Traveler") – Full Name
I further give my consent to Carrie Windmeyer, of Adventures Unbound, who will be caring
(Hereafter "caregiver") – Full Name
for my Traveler for the period _____ through _____, to arrange for routine or emergency
(Today's Date) (One Year from Today's Date)

medical and/or dental care and treatment necessary to preserve the health of my Traveler. In the event
that my Traveler is injured or ill while under the care of the caregiver, I hereby give permission to the
caregiver to provide first aid for said Traveler and to take the appropriate measures, including contacting
the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency
medical facility.

In making medical decisions on my behalf for the benefit of my Traveler, I direct that the caregiver
attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to
make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or
their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my
behalf for the benefit of my Traveler, I authorize the caregiver to request, obtain, review and inspect any
and all information bearing upon my Traveler's health and relevant to any such decisions to be made
respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment
on the condition of my Traveler and that I am responsible for all reasonable charges in connection with
the care and treatment rendered to my Traveler during this period.

Name of Traveler

Date

Signature of Legal Guardian

Dentist

Name of Parent/Caregiver/Legal Guardian

Address

Address of Traveler

Phone

Phone

Personal Care Physician

Address

Phone