

List any medications to be taken on the Trek: _____

As a parent of your minor, do you give permission for your child's TREK Ma and Pa to hold your child's medication and facilitate medication distribution Y / N

List any physical or behavioral conditions that may affect or limit full participation in strenuous physical Activities

Tetanus immunization (date of last inoculation) _____

I give permission for full participation in the Pioneer Trek 2022 subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Trek leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult)

Signature of Parent or Guardian _____ Date _____

Signature witnessed by _____ Date _____