

## ***Consent to Medical and Dental Care Authorization***

**This part must be completed by parents/guardians of participants under 19 years old.**

(I) (We), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize my child's leader (and/or any other adult appointed or designated) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations.

It is understood this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required.

I fully understand the foregoing statements and sign this ***Consent to Medical and Dental Care***.

This authorization shall continue for such time as my child is participating in the event and during travel to and from the event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Signed form should be scanned and emailed to your trip leader ASAP prior to travel!**