

I, _____ the parent and/or guardian of
_____ give consent to any necessary medical
treatment in the event of an emergency, while traveling with
_____. Existing conditions and known
medications and allergies are:

In the case of an emergency please contact me at _____. If I
cannot be reached at this number please contact: _____ at
this number: _____.

Parent/Guardian Signature: _____

Date: _____

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