Colorado

HIGH-COUNTRY EDUCATIONAL TREKS INC

304 Inverness Way South, Suite 355
Centennial, Colorado 80112

PARENTAL AUTHORIZATION
AND
MEDICAL RELEASE

Required for all Trek participants

Participant's Name: _____

Participant's Age: _____ Participant's Date of Birth: _____

Parent/Legal Guardian Name: _____

Address: _____

_____

Phone Number: Home: _____

Work: _____

Cell: _____

For the participant, list all known medical conditions, including food allergies, drug allergies, and conditions.

Include any over-the-counter or prescription drugs taken regularly, include dosage and frequency.

_____

_____

_____

_____

_____

_____

_____

In an Emergency, please contact: _____

Relationship to Participant: _____

Phone Numbers: _____ _____ _____

Home Work Cell

Alternate Emergency contact: _____

Relationship to Participant: _____

Phone Numbers: _____ _____ _____

Home Work Cell

Primary Physician's Name: _____

Office Address: _____

Phone Numbers: _____ _____
Office Cell

Dentist's Name: _____

Office Address: _____

Phone Numbers: _____ _____
Office Cell

Health Insurance Company: _____

Customer Service Phone: _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to Participant: _____

ID No: _____ Group/Policy Number: _____

(Please provide copy of insurance card)

Statement of Consent

(Must be signed in presence of notary)

I, _____, as the parent or legal guardian of the participant do give my consent for the participant to attend the activities provided by *Colorado High-Country Educational Treks Inc*.; and hereby grant permission for any and all medical and/or dental attention to be administered to my child in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization

On this _____ day of _____, 20____, _____

Personally appeared before me in _____ County, in the state of Colorado and, in my presence, signed this **Parental Authorization and Medical Release** form.

Name of Notary Public: _____

Notary Public Signature: _____

Commission Expires: _____

NOTARY SEAL REQUIRED