

Glens Falls Saratoga Chapter of ADK

**AUTHORIZATION BY PERSON IN PARENTAL RELATION
FOR
EMERGENCY MEDICAL CARE**

In the event that my child/ward: (please print the full name)

is in need of emergency medical care during an ADK Outing and either the outing leader, a doctor, or a hospital cannot reach me by telephone to obtain my permission for the emergency medical care of my child/ward, I give my permission for necessary or appropriate medical procedures to be performed. I realize that this permission form will be used only after an unsuccessful attempt to reach me by telephone and, furthermore, only if the outing leader, a doctor or a hospital deems such emergency medical care to be of critical timing for the safety or well-being of my child/ward.

The child/ward should carry a copy of his or her Medical Insurance ID card on the outing. If any of the following does not apply to my child/ward, I shall indicate this by the word "NONE."

(a) My child/ward has the following medical problem(s):

(b) My child/ward is currently taking the following medication(s):

(c) My child/ward is allergic to the following drug(s) or medication(s):

Name of Person in Parental Relation

Relationship to Child/Ward

Signature of Person in Parental Relation

Date

Street Address Home

Telephone / Cell Phone

City, State

Business Telephone

Trip Leader: You must take this form with you on the outing. After the outing the form may be returned to the parent or discarded.