

CONSENT TO TREAT

Authorization And Consent For Health Care

The National Center for Outdoor & Adventure Education (NCOAE) has the right to give first aid to: (participant's first and last name) _____ and to engage the service of a physician, emergency room and dentist, or to hospitalize if it deems necessary. I further authorize NCOAE as my or the youth's representative in signing consent for necessary clinical or surgical procedures when he/she is not able to do so. In the event of an emergency I will be notified immediately. The cost of such service shall be charged to the participant or parent/guardian and paid by the participant or parent/guardian.

Medication name	Dose	How many times a day?	Reason

Please describe any allergies to medications, foods, plants or insects:

Insurance Provider: _____ Insurance Policy #: _____

Participant First Name: _____ Last Name: _____

Guardian Printed Name: _____ Last Name: _____

Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____