

Human Adventure Corporation

125 Maiden Lane
15th Floor
New York, NY 10038
212/337-3580

EMERGENCY MEDICAL AUTHORIZATION

STUDENT INFORMATION

FIRST NAME

LAST NAME

GRADE DATE OF BIRTH

HOME PHONE

CELL PHONE

HOME ADDRESS

CITY

ZIP CODE

PARENT/GUARDIAN INFORMATION

FIRST NAME

LAST NAME

RELATION TO STUDENT

CELL PHONE

ALTERNATE PHONE

IN THE EVENT A PARENT CANNOT BE CONTACTED, PLEASE CALL:

FIRST NAME

LAST NAME

PHONE

ALLERGIES (Please list all known allergies)

MEDICATION (Please list all medication taken)

MEDICAL CONDITIONS (Please list all existing medical conditions)

DATE OF LAST TETANUS TOXOID INOCULATION:

I, the undersigned (parent) (guardian) of the above-named minor, a person under the age of 18 years, born on _____, hereby give my consent for medical treatment deemed necessary by physicians, but not including elective treatment, of the above-named minor for any illness or injury incurred while my child is on Communion and Liberation's East Coast GS Vacation for High School Students from June 28 – July 3th 2018. I authorize an adult on Communion and Liberation's East Coast GS Vacation to transport my child to a hospital emergency room for treatment for any illness or injury resulting during Communion and Liberation's East Coast GS Vacation hours and/or related sports or activities.

I understand that this authorization will only be enforced when I cannot personally be contacted to provide/authorize immediate treatment.

PARENT/GUARDIAN SIGNATURE

DATE