Authorization for Information, Medical Treatment, and Liability Release

1. MINOR CHILD'S INFORMATION

- **Full Name: _____** ●
  Date of Birth: _____
- **Home Address: _____**

2. AUTHORIZED GUARDIAN (The Friend/Adult Present) I,_____ **[parent name]**, am the legal guardian of the child named above. I hereby authorize _____ **[Friend's Name]** to serve as the temporary guardian and adult-in-charge during field trips occurring between the dates of_____ **[Start Date]** and _____ **[End Date]**.

3. MEDICAL CONSENT In the event that I cannot be reached, I authorize the Authorized Guardian to:

- Consent to any X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment.
- Administer first aid or over-the-counter medications as previously discussed.
- Access medical records necessary for treatment.

4. MEDICAL HISTORY & INSURANCE

- **Allergies (Food/Drug): _____** ●
  Current Medications: _____ ●
  Insurance Provider: _____ Policy #: _____ ●
  Preferred Hospital: _____

5. LIABILITY RELEASE I agree to release, indemnify, and hold harmless **[Friend's Name]** and any associated field trip organizers from any and all liability, claims, or causes of action arising out of any severity of injury or damage while my child is in their care, provided such care was administered in good faith.

6. EMERGENCY CONTACTS

- **Parent/Guardian 1: _____ Phone: _____**
- **Parent/Guardian 2: _____ Phone: _____**

7. SIGNATURES *Parent/Guardian Signature:* _____ **Date:** _____