



Wilderness Trail, Inc.
www.wtrail.com

INFORMED CONSENT HEALTH INFORMATION AND PERMISSION TO TREAT FORM

Revised 9/05

This form is in triplicate. **Please bear down hard when writing.** A copy of this form is carried by the hiker in their backpack, one copy by the group leader, and one copy retained by Wilderness Trail at the base camp. All spaces must be filled in.

You and/or your child are about to participate in a wilderness backcountry adventure. Although many precautions are taken to insure safety, inherent in any outdoor experience are certain potential dangers. These include falls, animal incidents, lost hiker, bee and hornet stings, hypo/hyperthermia, illness related to unsafe water, and many others. Immediate medical help is not always available for emergencies. If needed, medical help will be summoned as quickly as possible and any needed medical expenses are assumed by hiker and/or parent/guardian. You and/or your child are part of a group but are not under continual visual supervision by staff. Servant leaders (age 18 or older) may administer medical care and the counter medicines as needed. Should search and rescue be needed, expenses are assumed by hiker and/or parent/guardian.

Event # _____ Event Dates _____
Full Name _____
Parent / Guardian _____
Street Address _____
Mailing Address (if different) _____
City / State / Zip _____
Phone # (with area code) _____
Date of Last Tetanus Booster _____
Medication Taken Daily (including vitamins) _____

Emergency Contact (name and relationship to hiker) _____

Cell Phone (with area code) _____
Work Phone (with area code) _____

Insurance Company _____
Name of Insured _____

Group / Church _____
Email Address _____
Date of Birth _____ Weight _____
Allergies (Food, Environment, Medicines, etc.) _____

Medical Problems _____

Primary Physician (name and phone number) _____

Dentist (name and phone number) _____

Policy Number _____
Insured Date of Birth _____

I give permission for _____ to be a part of the Wilderness Trail experience. I give permission for photographs of me or my child to be used in W.T. publicity, reports, and recruitment. I have read the above information and understand that there are many unknown perils and I release Wilderness Trail, staff and volunteers from liability resulting from any incidents. I or my child is in good health and can withstand the rigors of hiking. I also understand that to participate in Wilderness Trail activities I or my child must have had a tetanus booster in the past 10 years. In addition, I give my permission to the physician and/or Wilderness Trail servant leader for the period of the hike to arrange for routine or emergency medical/dental care and treatment necessary to preserve my health or the health of my child. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

MUST BE SIGNED BY HIKER (AGE 18 OR OLDER) _____ DATE _____ WITNESS _____ DATE _____
OR RESPONSIBLE PARENT / GUARADIAN

Parents of Minors: Please read this section carefully and check all the apply if you are sending ANY medication with your child.

- I am sending medication with my child: (list all) _____
- My child knows the proper dosage and use of these medicines and may **self-administer** them appropriately.
- I am sending the medication listed and desire **my child's leader to be responsible** that my child receives their medication at the proper times.

Signature of Parent/Guardian _____ Date _____ W.T. Servant Leader Assigned to Above Child _____ Date _____