



Wilderness Trail, Inc.
www.wtrail.com

INFORMED CONSENT HEALTH INFORMATION AND PERMISSION TO TREAT FORM

Revised 2010

Please write in blue ink and 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. Staff and Servant Leaders (age 18 or older) may administer medical care and over-the-counter medicines as needed. Should search and rescue be needed, expenses are assumed by hiker and/or parent/guardian.

Full Name _____	Event # _____ Event Dates _____
Parent / Guardian _____	Group / Church _____
Street Address _____	Email Address _____
Mailing Address (if different) _____	Date of Birth _____ Weight _____
City / State / Zip _____	Home Phone # (with area code) _____
Emergency Contact (name, phone, and relationship to hiker) _____	Cell phone (with area code) _____
	Work Phone (with area code) _____

Please provide the following medical information so that our Staff can give the best care possible.

Date of Last Tetanus Booster _____	Past Medical Treatments _____
Medication Taken Daily (including vitamins) _____ _____	Primary Physician (name and phone number) _____
Allergies (Food, Environment, Medicines, etc.) _____	Dentist (name and phone number) _____
Any Physical/Mental/Psychological Conditions _____	

Insurance Company _____	Policy Number _____
Name of Insured _____	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) OR RESPONSIBLE PARENT / GUARDIAN	DATE _____	WITNESS _____	DATE _____
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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 _____
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