

**Medical Authorization Form**

**Medical Information**

**Insurance:**

Triple R carries normal insurance for liability. **Your coverage is primary for accidental injury and illness.**

In the event of injury, **Leaders** are responsible to **determine immediately if EMS services** are necessary **and act** accordingly. For minor injuries requiring medical attention, a member of the ranch staff must be notified before transportation is initiated.

**We strongly recommend that each participant have a “permission to treat” form, signed by their parent or guardian, on file with the retreat leader. Sample form available.**

---

**Medical Authorization Form**

Participant’s Name: \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parents’ Work Number(s) \_\_\_\_\_ ; \_\_\_\_\_

Medications / Medical Problems: (Please label all medications clearly with name and dosage requirements).

---

---

---

---

Medical Release: “In the event that I am unavailable at the time, I hereby give my permission to the physician which my child’s retreat leader chooses to perform any emergency medical treatment as may be necessary.”

Effective Dates Starting: \_\_\_\_\_ through \_\_\_\_\_

Signature of Parent or legal Guardian \_\_\_\_\_ Date \_\_\_\_\_