

# San Juan Mountain Association Backpacking Permission Form

## PLEASE FILL THIS OUT IN ADDITION TO THE SJMA WAIVER

Permission is granted for:

(Name of Child) PLEASE PRINT

to take a trip to the [DESTINATION] on [MONTH] [DATE], [YEAR]. Time of departure is [DEPARTURE TIME] and time of return is [RETURN TIME].

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below as it may be needed in case of emergency.

Participant's Date of Birth:

Allergies:

Conditions requiring special consideration (medical/physical):

Please be very specific.

Does your child require: (A) **EpiPen** Yes  No  (B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:**  
(Type of medication and time of administration):

Be sure to speak to the trip leader before \_\_\_\_\_ [DATE] regarding any medications or special needs your child may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE TRIP LEADERS.

Please describe your child's experience with hiking:

Describe your child's experience with camping equipment:

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature: