Pacific Crest Trail Association

Emergency Medical Release for Minors

This form is required for youth participation in
Pacific Crest Trail Association volunteer trail maintenance projects.
Please complete each section thoroughly, sign and date.

Child's Name: _____ _____
Last First

Sex: F ☐ M ☐ Age: _____ Birthdate (MM/DD/YY): _____

Mother's Name: _____ Home Phone # : ( ) _____

Work Phone # : _____ Cell Phone # : ( ) _____

Father's Name: _____ Home Phone # : ( ) _____

Work Phone # : _____ Cell Phone # : ( ) _____

Additional person authorized to pick up my child and/or to contact in case of an illness of an emergency:

Name: _____ Relationship: _____ Phone # : ( ) _____

Allergies: Does your child have any allergies to food, medications, insects, etc.? ☐ Yes ☐ No

If Yes, please list: _____

Health Conditions: Has your child, currently or in the past, been diagnosed with any of the following health conditions (check all that apply):

Asthma	☐ Yes	☐ No	Epilepsy/Seizure Disorder	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Frequent Migraine Headaches	☐ Yes	☐ No
Heart Problems	☐ Yes	☐ No	Attention Deficit-Hyperactivity	☐ Yes	☐ No
Vision/Hearing Problems	☐ Yes	☐ No	Chronic Ear Infections	☐ Yes	☐ No

If Yes, please explain: _____

List any other health condition(s) not listed above: _____

List any medication(s) currently taken by your child: _____

Name of Child's Physician: _____

Physician's Phone # : ( ) _____

Name of Insurance Company: _____ Policy # /Medical #: _____
In case of emergency, your child will be taken to the nearest hospital.

Emergency Release

If, in the judgment of the staff of Pacific Crest Trail Association, the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Pacific Crest Trail Association (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

_____ _____ _____
Print Full Name of Parent, Guardian Signature Date