



MEDICAL RELEASE

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, as the Parent or Guardian of Explorer _____, hereby request that any Officer / Deputy of the Explorer Training Camp notify, if possible, the person listed on the Explorer Training Camp Medical Profile in the event of an illness, injury or medical emergency. If the listed person cannot be reached or if the above referenced minor child requires immediate medical treatment, I hereby request and authorize representatives of the Explorer Training Camp to seek immediate medical treatment and to transport, or seek the transportation by ambulance if necessary, of said minor child to a medical facility or any treatment deemed to be medically necessary for the health, safety or welfare of said child. Further, I give each and every Officer / Deputy of the Explorer Training Camp my power of attorney to execute any documents relative to obtaining such aforesaid medical treatment in my absence.

I hereby agree to be financially responsible for any medical treatment and emergency medical services transportation.

Parent / Guardian Signature

Date

State of Florida

County of _____

Before me, personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose, Therefore, Sworn to and subscribed before me this _____ day of _____, 20 _____

____ Identification produced _____ -or- _____ Personally Known

____ My commission Expires: _____

Commission stamp below

