

# Group Outing Medical Waiver & Authorization

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Emergency Contact Name & Phone

## Medical Information

Allergies (If any)

Current Medications (If any)

Medical Conditions/Restrictions

Physician Name & Phone

## Medical Authorization & Waiver

☐ I, the undersigned participant (or legal guardian), hereby authorize medical evaluation, treatment, and care for the above-named individual in the event of an emergency during the group outing. I acknowledge and accept all inherent risks and release the organizers from liability for injury or illness. I affirm that all information provided above is accurate to the best of my knowledge.

Participant/Guardian Signature

Date

MM/DD/YYYY