



10th Annual Inter-Tribal Environmental Youth Campout

June 22-25, 2020

Fort Bragg, CA

Consent-to-Treat Agreement

* EACH CHILD IS REQUIRED TO COMPLETE*

I, _____, hereby give my consent as a participant in the 10th Annual Inter-Tribal Environmental Youth Campout to receive medical assistance in case of an emergency as recommended by a physician or medical aid on-site throughout the duration of my participation in the campout. Additionally, I give permission for the organizers and/or the Tribal departmental staff to authorize the appropriate emergency medical treatment and to contact my parent(s) or guardian(s).

Youth participant name (print)

Date

Youth participant signature (parent can sign if child is under age 10)

Should any emergency medical treatment be required for your child, parent or legal guardian signature is required for all children under the age of 18 years. Please be sure to list your primary care physician's name and contact number, including medical insurance and policy ID number.

Parent/Guardian's name (print)

Date

Parent/Guardian's signature

Physician's Name

Contact information

Medical Insurance

Policy/ID number

Please return completed application back to your Tribe's Campout Coordinator