

MEDICAL RELEASE FORM

I/We know of no health or fitness restriction that precludes the participation of Explorer _____ in the Explorer Ride-Along program for Explorer Post _____, sponsored by the _____.

In the event of serious illness or injury to _____ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Signature _____

EMERGENCY PHONE NUMBERS

Home (____) _____ Work (____) _____ Message/
Pager (____) _____

NOTARY PUBLIC _____ DATE _____

ADVISOR APPROVAL _____ DATE _____

EXPIRATION DATE _____