



**PERMISSION FOR ADMINISTRATION OF EMERGENCY CARE**

**In case of emergency, I hereby give permission to the physician selected by the Outdoor School to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for myself, as named above. I also give my permission for the Outdoor School personnel to arrange transportation in an emergency or if medical care is needed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF YOU HAVE A RELIGIOUS/PERSONAL OBJECTION**

If you have a religious/personal objection to medical treatment please check the appropriate boxes:

- NO MEDICATION in any form.  
 NO BLOOD or BLOOD PRODUCTS (for emergency hospital use only)

I do understand that in the event of a life-death situation I will be administered life-sustaining first aid and medical care regardless of religious or personal convictions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign here ONLY if you have a religious or personal objection.**