FCRV TRAVELING MEDICAL CONSENT FORM

WHEREAS, _____(name of child), _____ (age) is our child by birth, legal adoption, or guardian rights, and

WHEREAS, said child travels to and from, and attends, various Family Campers and RVers events from time to time, and we are unable to accompany him/her, and

WHEREAS, it is our desire and intent to ensure on such occasions that said child will receive any necessary emergency medical treatment, and to authorize the person (s) hereafter designated to consent to the rendering of such treatment in the event reasonable attempts to contact us and obtain such consent are unsuccessful.

NOW, THEREFORE, we do hereby authorize_____ (name of authorized person (s)), authority to procure and consent to any necessary emergency medical care (including rendering of prescribed medicine or surgical treatment) to be rendered to said child while he/she is traveling to and from, and attending, the following FCRV event: _____

To our knowledge _____ (name of child) is known to have _____ (name of disease or condition) and is on _____ (name of prescribed medicine). He/she is also allergic to _____ (medicine or environment).

Childs Social Security Number or Canada I.D. Number_____

The following additional information is needed by any hospital or practitioner not having access to the child's medical history.

Insurance company _____   Policy number _____

Physical impairments _____

Blood type_____   Date of last tetanus shot _____

Doctor's name _____   Doctor's phone number [   ]_____

Doctor's address _____

Dentist's name _____   Dentist's phone number [   ] _____

Dentist's address _____

Other pertinent facts _____

_____

_____

_____

_____

_____

IN WITNESS THEREOF, This consent form has been executed by

the undersigned parent(s) and/or legal guardian(s) this _____ day

of _____, (year)_____

_____

Parent / Guardian

_____

Parent / Guardian

_____

Street Address

_____

City   State/Prov.   Zip

[_____] _____ [_____] _____

Business Phone   Home Phone

_____

Alternate Phone Number

State / Province of: _____

City / County of: _____ , to wit:

The foregoing instrument has been acknowledged before me on this the _____day of _____, (year)_____ ,

By: _____

                                        Notary Public

My commission expires: _____   (seal)