PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

SOUTH AMERICAN MEDICAL RELEASE FORM

Consent for Medical Treatment – Parental Release

Destination: ______________________________

Child's Name: ______________________________

Street Address: ______________________________

City: ______________ State: ________ Zip: ________

Home Phone: ______________ Date of Birth: ______________

Medical Insurance Carrier: ______________ Policy Number: ______________

EMERGENCY CONTACT (person contacted in case of an emergency):

Name: ______________ Relationship: ______________

Street Address: ______________________________

City: ______________ State: ________ Zip: ________

Home Phone: ______________ Work Phone: ______________

Cell Phone: ______________

MEDICAL INFORMATION

MEDICAL HISTORY (list all of child's medical conditions that chaperone/tour guide should be aware of):

MEDICATIONS (if above conditions require medication, list the condition, medication and dosage below):

PERSONAL OR FAMILY PHYSICIAN

Physician's Name: ______________ Physician's Phone: ______________

DIETARY RESTRICTIONS (if any):

AFFIRMATION OF PARENT OR GUARDIAN

I certify that my child has been examined by a physician a year prior to trip date. If an emergency illness or injury occurs, I authorize the Pumamaki Expeditions tour guide or chaperone to send my child to a physician or hospital; and authorize his or her emergency treatment. You may also exchange medical information with the above-reference physician(s) as required.

______________________________ ______________

Signature of Parent or Guardian Date

6311 Lincoln Avenue, Morton Grove, IL 60053
Phone: (847) 583-1074 Fax: (847) 583-1864
www.pumamakiexpeditions.com

ADVENTURE TRAVEL