



# PUMAMAKI EXPEDITIONS, INC.

ADVENTURE OF A LIFETIME

## PERU ADVENTURE

### Consent for Medical Treatment - Parental Release

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