

Consent & Authorization for Medical Care & Image Use

Consent to Treatment of Adult or Minor (& Releases) for Westmont Trailhead Program

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT. PRINT LEGIBLY.

Participant	Name (Last, First)	Birth Date	
Medical Info LEAVE BLANK WHERE NOT APPLICABLE. CHECK HERE <input type="checkbox"/> IF CONTINUED ON REVERSE.	Known allergies (including food, medication, environmental, etc)		
	Current medications		
	Physical restrictions		
	Previous injuries		
	Other info: a) medical for emergency assistance providers; b) behavioral to help program staff provide a good experience		
	Authorization to allow Westmont College the ability to dispense over-the-counter medications (acetaminophen, ibuprofen, etc.) to Trailhead participant (as necessary): _____ Initial Here		
Contacts PROVIDE AT LEAST ONE PHONE NUMBER FOR EACH PERSON. INCLUDE AREA CODE.	Parent or Legal Guardian (if Participant is a minor; otherwise leave this cell blank)		
	Phone/s for Participant, or Parent or Legal Guardian		
	Home	Work	Cell
	Email		
	Primary Physician		
	Phone/s		
	Office	Pager	Cell
	Primary Dentist		
	Phone/s		
	Office	Pager	Cell
Emergency Contact			
Phone/s			
Home	Work	Cell	
Email			
Contact Protocol	Should your son or daughter become ill or injured, our staff will assess the situation to determine whether it is necessary to seek medical treatment at the local emergency room or walk-in clinic. If transport is necessary, a member of our staff will accompany your son or daughter. Our staff will certainly be in touch with you in this event. Please ensure that your son or daughter brings a copy of his or her health insurance card. Fees for services will be the responsibility of the student and his or her parents/guardians.		
Behavior Management	I understand that: a) behavior which disrupts the program or poses a threat to the safety of self or others will not be tolerated; b) if Participant is unable to self-regulate their behavior then, after the event sponsor (or its agent) has made a good faith effort to resolve the issue (and, if Participant is a minor, sought to consult with a parent or legal guardian), Participant may be removed from the remainder of the event; and c) in such case there will be no refund of fees.		
Authorization for Medical	If an injury or illness requires, in the opinion of the person in charge, medical or dental examination or treatment, I authorize and direct that person (or their agent) to:		

*Electronic signatures, facsimiles, and any other electronic transmission of this signed document shall have the same legal validity and enforceability as a manually executed signature.

<p>Care</p>	<p>a) arrange transportation by car or ambulance to the closest hospital; b) call the Medical Professional/s named above; and c) attempt to reach one or more of the other listed contacts; and/or d) apply best judgment to dispense/administer indicated medication/s.</p> <p>If a named Medical Professional is unavailable, I authorize any emergency treatment deemed necessary by a medical professional licensed for the required service.</p> <p>Westmont College does not provide health insurance coverage for participants to cover said medical expenses.</p> <p>In the event participant is a minor and his/her legal guardian or emergency contact cannot be reached to authorize medical treatment, said legal guardian authorizes Westmont Trailhead Staff to consent to emergency medical treatment for said minor, and authorizes Westmont Trailhead Staff to release relevant medical information to appropriate parties.</p> <p>_____ Initial Here</p>	
<p>Authorization for COVID-19 Testing</p>	<p>If Participant exhibits any symptoms of COVID-19 while attending the Westmont Trailhead Program, I authorize and give express permission for Westmont College to perform either rapid (anterior nasal swab) or PCR (saliva-based) COVID testing. If Participant is a minor and it is determined by the event sponsor (or its agent) that a COVID-19 test is needed, the event sponsor (or its agent) will notify a parent or legal guardian.</p> <p>_____ Initial Here</p>	
<p>Acceptance of Circumstances & Assumption of Risk</p>	<p>I understand that Westmont College assumes no financial responsibility or legal liability for medical care or ambulance transportation. I also verify that the Participant is in sufficient health to be able to participate in the event identified above. I recognize that all physical activity has some risk of injury or even death and, except for any negligence, on behalf of all interested parties I release Westmont from liability for such loss.</p>	
<p>Image Release</p>	<p>I authorize the use, in future program publications, of biographical, image, video or Audio content, recorded for or during event activities and which includes this Participant.</p>	
<p>Signature*</p>	<p><i>Participant, or if minor, Parent or Legal Guardian</i></p>	<p><i>Date</i></p>

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