

Authorization for Medical Care

Please attach a copy of your most recent physical examination as well as any information regarding medications, allergies, or special medical conditions and instructions.

I hereby authorize PKRAMA acting by and through officers, agents or employees, to administer and/or seek medical aid in the event of any accident, illness and/or injury and release PKRAMA from any liability resulting from the administration or seeking of medical aid.

I further authorize PKRAMA to give permission for hospital admittance and/or treatment in the event that I am unable to do so, and my parent, legal guardian or next of kin cannot be reached. I have medical insurance, as here in after stated and hereby agree to carry such insurance identification as is necessary for treatment in the event of injury or illness. I also agree to assume financial responsibility for all expenses associated with emergency care and/or transportation.

Participant Signature: _____ Date: _____

Parent / Guardian Signature (if under 18): _____ Date: _____

Relationship: _____

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Insurance Information:

Company: _____

Subscriber: _____

Policy Number: _____

IMPORTANT NOTE: Participants are required to possess and carry travel insurance during trip dates. (See Welcome Pack for travel insurance suggestions).