

MINOR TRAVEL CONSENT FORM

I. **Parent(s)/Legal Guardian**

- I, _____, am the lawful parent or legal guardian of:

II. **Minor**

- Full Name: _____
- Date of Birth: _____

III. **Travel**

- I authorize my child to travel with the following individual:
 - i. Name: _____
 - ii. Relationship to Child: _____

IV. **Itinerary**

- I authorize my child to travel to The Salvation Army Camp Mihaska during the period beginning on July 25 and ending on July 28, 2022.

V. **Signature**

- Parent/Legal Guardian Signature: _____
- Date: _____
- Full Name (Printed): _____

AUTHORIZATION FOR TREATMENT

I give permission to The Salvation Army Camp Mihaska to secure emergency medical and surgical treatment (including, but not limited to x-rays, routine tests, injections, and anesthesia) and hospitalization for the minor listed above if there is insufficient time to contact me. Parents will be notified immediately of any injury or illness requiring off-site treatment.

I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, the treatment of injury, insect bites, etc.) at the discretion of the camp nurse, unless noted here:

Parent/Guardian Signature: _____

Parent/Guardian's Name (Printed): _____