



## Emergency Health Care Decisions (Student)

I, \_\_\_\_\_, am the parent / legal guardian of  
Parent / Legal Guardian  
\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,  
Name of Student City / Town State

who will be traveling on a trip organized by All About Destinations, LLC to  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Trip Destination Departure date Return Date

In the event of a health care emergency concerning the Student, please contact  
\_\_\_\_\_ at \_\_\_\_\_.  
Name of contact person E-mail / phone

If said contact person cannot be reached within a reasonable time in light of the nature of the health care emergency, or if medical attention is required immediately, I authorize

\_\_\_\_\_ to arrange for medical treatment for the Student. If, in such  
Name of Group Leader

situation, the Student is unable to make health care decisions for himself/herself, then I

authorize \_\_\_\_\_ to make such decisions on behalf of the Student.  
Name of Group Leader

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian Relationship to Student

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian Relationship to Student

### Witness

\_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
Name City / Town State