

TRAILBLAZERS INTERNATIONAL
Parental Permission & Consent To Treat Minor (C)



1: Parental Permission

We/I the undersigned parent(s) of _____, a minor, do hereby consent to said Minor participating in Trailblazers International Outdoor Adventure Program, a four week youth leadership program conducted by KGIC Education Group of Vancouver, British Columbia.

2: Authorization of consent to treat Minor

We/I the undersigned parent(s) of _____, a minor, do hereby authorize KGIC Edu Group and the Program Supervisor of the Trailblazers International program, hereafter the "Agent," for and on behalf of the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Act of the province of British Columbia, Canada, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence and care of said Agent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care with the aforementioned physician in the exercise of his best judgment may deem advisable and release Agent of all damages of same.

This authorization shall remain effective through the length of the program, unless sooner terminated in writing.

1st Parent/Legal Guardian signature _____

Parent (print name) _____

Date _____

Location: _____

2nd Parent/Legal Guardian signature _____

Parent (print name) _____

Date _____

Location: _____