

Statement of Consent to Receive First Aid and Medical Treatment
& Statement of Medical Condition



American West Heritage Center
4025 S. Hwy 89-91
Wellsville, Utah 84339
435-245-6050
<http://www.awhc.org>

Statement of Consent to Receive First Aid and Medical Treatment

1. I, _____ hereby authorize a staff member to provide emergency first aid to me, in the event of an accident or emergency that renders me unable to communicate while participating in the American West Heritage Center's *Willie Handcart Experience*.
2. I hereby authorize a staff member to transport me to a medical facility if I am injured during the American West Heritage Center's *Willie Handcart Experience*.
3. I hereby give my consent to receive medical care, surgery, and/or anesthesia from a physician or surgeon in the event of an accident or emergency that renders me unable to communicate while participating in the American West Heritage Center's *Willie Handcart Experience*.

Statement of Medical Condition

I, _____ have listed below any prescribed medications I may take during the American West Heritage Center's *Willie Handcart Experience*. I have also listed all my known allergies and medical or physical conditions.

Prescribed Medications*: _____

Allergies and Medical or physical conditions*: _____

*If there are none, please write NONE.

Signature of participant

Date

Signature of parent or legal guardian
(If participant is under age 18)

Date

Parent or Legal Guardian's Printed Name