

APPOINTMENT OF MEDICAL AGENT

I hereby appoint Derrick Gronewold as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical treatment of the traveler named below for any illness or injury that may occur while said person is in the care or custody of the agent while on the GWD tour to New York and Chicago between the dates of Friday, 13 March 2020 and Sunday, 22 March 2020.

Name of Traveler

I understand that I am responsible for payment of any and all medical expenses incurred and the representatives of GWD are not responsible for payment for medical services.

Signature of Traveler's parent or legal guardian

Date

INSURANCE & MEDICAL INFORMATION

Parent/Guardian Name: _____

Place of Employment: _____

Personal Telephone: _____

Work Telephone: _____

Health Plan Company: _____

Health Plan ID number: _____

Health Plan Telephone: _____

Traveler's Allergies: _____

Last Tetanus Date: _____

Medications: _____

Other pertinent medical information: _____
