



## ***Adventure Learning Experiences***

*"where Service and Leadership come together"*

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### **Consent to Medical Attention and Treatment Form**

In case of emergency, I hereby consent, where it is impractical to communicate with me, to arrange for me to receive such medical treatment or surgical treatment procedures deemed by a qualified medical practitioner to be necessary for my health and welfare, including the administration of an anesthetic and the performance of any operation during the period April 29, 2012 to May 18, 2012 inclusive.

I also undertake to pay all costs, which may be incurred for my medical attention, ambulance transportation, and drugs.

**Full Name** (Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_