



Adventure Learning Experiences

"where Service and Leadership come together"

184 Richmond Street, Richmond Hill, Ontario L4C 3Y8

Robert Lato, Ed.D.

robertlato@rogers.com

Gregory Rogers, M. Ed.

gregory.rogers@tcdsb.org

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 August 4, 2010 to August 25, 2010 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 _____