Parent Authorization for Emergency Medical Treatment

Student and Parent/Guardian must read the following conditions for participation in the City Honors School Ski & Snowboard Club and sign their agreement where indicated.

PLEASE PRINT

The Parent/Guardian understands the skiing is a sport with inherent dangers and that there is a risk of severe injury. The Parent/Guardian grants permission to any Ski & Snowboard Club chaperone to obtain medical treatment for the health and well being of the Student if necessary during Ski & Snowboard Club activities. The Parent/Guardian authorizes any Ski & Snowboard Club chaperone to provide medical information to emergency personnel, and to execute any medical treatment authorization forms on behalf of the Parent/Guardian.

Student Name: _____

I certify that I am the Parent/Guardian of the Student named above and that I have read and agree to each and every provision of the foregoing Parent Authorization For Emergency Medical Treatment.

Parent/Guardian Signature:_____ **Date:**_____

EMERGENCY MEDICAL INFORMATION:

Health Insurance Provider: _____

Policy/Plan/Group ID Number: _____

Student's Physician: Name: _____

Telephone: _____

Hospital Preference: _____

Allergies/Medications/Known Conditions/Other Information: _____

_____

EMERGENCY TELEPHONE NUMBERS: Please make sure you keep your phone ringer ON, and answer unknown numbers while your student is at ski club.

CHS chaperones or medical personnel will call these numbers in the order provided.

Parent/Guardian Emergency Phone 1: _____

Parent/Guardian Emergency Phone 2: _____

Parent/Guardian Emergency Phone 3: _____