

Castlegar Nordic Ski Club – Skier Development Program – Emergency Consent Form 2011-12

I/We hereby authorize Castlegar Nordic Ski Club personnel to give consent for any emergency medical treatment that may be required when I/we cannot be contacted during Castlegar Nordic Ski Club activities. Consent expires one year from date of signature below

	1 st Child	2 nd Child	3 rd Child
Name			
Care Card Number			
Date of Birth (d/m/y)			
Chronic Illnesses			
Allergies			
Current Medications			
Last Tetanus less than 10 years ago?			
Other			

Parent's Name(s)

Home Address of Parent/Guardian

Telephone of Parent/Guardian

Landline

Cell

Physician's name

Telephone

Other Contact Name

Landline

Cell

Parent/Guardian Signature

Date

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may become unnecessarily delayed. To protect your child, leave a completed emergency consent form with your coach or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital/clinic so that medical treatment may be rendered.