

Caroline Ice Skating Program Fall 2017

Emergency Medical Form

Please return with Registration form and payment by
Wednesday, October 25!

Student Name: _____

Date of birth: _____

I give permission for my child to participate in the Caroline After School Ice Skating Program, sponsored by the Caroline Sports Association, Inc. I acknowledge that participation in this ice skating program entails risks and dangers. I understand that the presence of qualified instructors does not relieve participants of responsibility for their safety. This form allows parents/guardians to authorize the provision of emergency medical treatment for a child who becomes ill or injured when the parent/guardian cannot be reached.

If attempts to contact: (your name) _____
at: (phone number(s)) _____ have been
unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by:
(physician) _____ (phone) _____
(dentist) _____ (phone) _____

If the designated practitioners are not available, I give permission for my child to be treated by another licensed physician or dentist.

If I cannot be reached during an emergency, please contact:

Name: _____ Phone: _____ Relation _____

Name: _____ Phone: _____ Relation _____

This authorization does not cover major surgery, unless the opinions of two other licensed physicians concurring in the necessity for such treatment are obtained prior to surgery. Facts concerning this child's medical history, medication, allergies, and physical impairments to which any physician should be alerted

are: _____

Signature of parent(s) /guardian(s):

_____ **Date:** _____

_____ **Date:** _____