



ALBERTA ALPINE

EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete the EMERGENCY CONSENT FORM below and return to the Alberta Alpine office. In the event of a medical emergency, the form should accompany your child to the hospital/clinic so that medical treatment can be rendered.

I/we hereby authorize Alberta Alpine Ski Association staff named below to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence:

Cam Stephen, Sue Schwartz, Brett Zagozewski, Thomas Penney, Jean- Marc Martel

****Valid June 1, 2016 until May 31, 2017****

Athlete Name: _____

Date of Birth: _____

Allergies: _____

Date of last Tetanus Immunization: _____

Other information: _____

Alberta Health Care #: _____

Physician: _____ **Telephone:** _____

Family Contact Information

Mother's Name: _____

Mother's Telephone Contacts:

Res: _____ **Cell:** _____ **Bus:** _____

Father's Name: _____

Father's Telephone Contacts:

Res: _____ **Cell:** _____ **Bus:** _____

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

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