



**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.

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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:

**Cameron Stephen, Theophil (Thedy) Brandli, Michael White, Jennifer Clarridge, Jean- Marc Martel**

**\*\*Valid June 1, 2017 until May 31, 2018\*\***

**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:** \_\_\_\_\_