

EMERGENCY MEDICAL AUTHORIZATION FORM

Parent / Guardian Name: _____
Last First

Skater(s) Name(s): _____

Home Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone(s): _____

Insurance Company: _____ Policy / Group Numbers: _____

Family Physician: _____ Phone: _____

In case of an emergency, attempt to contact parent / guardian. In the event that parent / guardian cannot be reached, attempt to contact the alternate people listed below:

Alternate Contact: _____ Relationship to skater: _____ Phone: _____

Alternate Contact: _____ Relationship to skater: _____ Phone: _____

Pertinent medical facts about my child(ren), including allergies and medications currently taking:

Additional comments or directions: _____

MEDICAL PERMISSION AND WAIVER

I certify that I, the member, or I, the parent/guardian of said participant(s), give my consent to the Swan City Ice Skaters, Beaver Dam Hockey Association, Inc. and Beaver Dam Family Center, Inc. and the facility the activities are taking place in and their staff and to members of the Swan City Ice Skaters, Beaver Dam Hockey Association, Inc. and Beaver Dam Family Center, Inc., their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. Permission is also granted to Swan City Ice Skaters, Beaver Dam Hockey Association, Beaver Dam Family Center, INC. to provide the needed emergency treatment to the skater prior to her/his admission to the medical facilities.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and for the above named skaters in the event of an emergency arising out of illness, the need for major surgery or significant accidental injury. I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named skater may be given.

I / We, the parent(s) of the above named participant(s), give my / our approval for her/him to participate in any and all activities of the Swan City Ice Skaters, Beaver Dam Hockey Association, Beaver Dam Family Center, INC. during the current season. I / We assume all responsibility for all hazards and risks incidental to such participation including transportation to and from all activities. I / We hereby waive, release, absolve, indemnify, and agree to hold harmless the Swan City Ice Skaters, Beaver Dam Hockey Association, Beaver Dam Family Center, INC., its sponsors and supporters, its directors and officers, and all persons acting on its behalf, other participants and their parents / guardians, and any person providing transportation to and from its activities for my / our child, except to the extent and in the amount covered by accident or liability insurance. I / We agree to the conditions of participation stated above.

Medical Release & Waiver

Parent/Guardian Signature _____ Date _____

You must REVIEW and UPDATE the information on this form. By signing below you are stating that all info is current and you agree fully with the above statements

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____