

EMERGENCY MEDICAL RELEASE FORM

Pats Peak Ski Area

The purpose of this form is to give permission to the Pats Peak Ski Patrol, any responding ambulance service and/or Concord Hospital to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency medical treatment however, will not be delayed while trying to make this contact.

(We) (I) Hereby grant permission to

_____ *(Print name of the ADULT person who is present)*

Group/Program Name: _____

to secure Emergency Medical Care as

_____ *(Print name of minor)*

Address: _____

City/State/Zip: _____

may require, for a period from _____

to _____

_____ *(Include entire length of program)*

In the event of multiple persons being given permission, on first line above, write: (Any person listed below)

Names of person(s) authorized:

List any medication(s) the minor taking:

Lift any allergies: _____

I have read and understand the information on the emergency medical form. All the information I have provided is true and complete.

Signature of parent or legal guardian

Print name and relationship

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other: _____

**LEARN TO SKI AND RIDE PROGRAM/GROUP COORDINATOR:
KEEP THIS FORM WITH YOU IN THE EVENT OF AN EMERGENCY;
BRING THE FORM TO THE SKI PATROL OFFICE.**