

## MEDICAL RELEASE FORM

The medical facilities at many of the ski areas require that a parent sign a consent form before any treatment can be administered to a minor. The following has been used for this purpose and might be helpful to you as you plan your trip if you do not already have a standardized form for your group participants to use.

It would be a good idea for you to have some type of medical form completed for each minor traveling with you and **have these in your possession** when you arrive at the ski area. We recommend that you take two (2) copies with you—one copy for you to keep and one for the medical clinic at the ski area. **You should drop off one set of copies at the medical clinic so that anyone injured can receive treatment without having to locate you, the group leader.**

Trip \_\_\_\_\_ Dates \_\_\_\_\_

Group Name \_\_\_\_\_

Individual's  
Name \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

List any medications to which you are allergic: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other person to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for any emergency medical treatment needed for my child, if unable to be contacted.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*This form is for your use as a group leader\*\*

**DO NOT SEND TO HIGH POINT TRAVEL!!!**