

# **ACTION SKI AND OUTDOOR TOURS**

## **MEDICAL/PARENTAL OR GUARDIAN CONSENT FORM**

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Location during trip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Location during trip \_\_\_\_\_ Phone \_\_\_\_\_

Name of another responsible adult \_\_\_\_\_ Phone \_\_\_\_\_

Medications youth is taking \_\_\_\_\_

Allergies \_\_\_\_\_

Special Health Problems/ Concerns \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

This is to indicate that as parent or guardian of \_\_\_\_\_, I have given my consent for my son or daughter to participate in \_\_\_\_\_.

This document authorizes any Action Ski & Outdoor Tours employee or adult chaperone supervising any activity in which my son/daughter is engaged to authorize any medical or hospital consultation or treatment which he/she thinks advisable in the case of accident, injury, or illness affecting my son/daughter or any condition leading the supervisor to believe that medical or hospital treatment or consultation is necessary or desirable.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Relationship to Youth \_\_\_\_\_