

Nashoba Ski and Snowboard Program
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Players Name: _____ Date of Birth: _____

Child's Allergies: _____

Chronic Health Conditions (Asthma, allergies, etc..) _____

Emergency Contacts (*In order to be contacted*)

1. Parent/Guardian Name: _____ Phone: _____

2. Parent/Guardian Name: _____ Phone: _____

3. Name: _____ Relationship to player: _____

Phone: _____

4. Name: _____ Relationship to player: _____

Phone: _____

Health Insurance Provider: _____

Policy # _____

Does your child have emergency medications such as an epi-pen or inhaler? _____

If yes, what is the medication and where will it be in an emergency? (Ex. Players back pack, first aid kit, etc..)

I authorize staff in the program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Parent/Guardian Signature

Date