



## Medical Consent Form

### MOUNT HOOD MEDICAL CENTER EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM with the temporary guardian.

In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

Parents' Name: \_\_\_\_\_

I/we hereby authorize NATIONAL ALPINE SKI CAMP, LLC. to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) \_\_\_\_\_ until (date) \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CHRONIC ILLNESSES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

TETANUS IMMUNIZATION: (date) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home address of parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance co. \_\_\_\_\_ mem.# \_\_\_\_\_

S.S. # \_\_\_\_\_ group# \_\_\_\_\_

Nearest relative \_\_\_\_\_ phone \_\_\_\_\_

Special Issues NASC staff should know about: \_\_\_\_\_

Signed, parent/guardian \_\_\_\_\_ date \_\_\_\_\_