



NASC MEDICAL 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, please complete and leave this 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.

PARENT/GUARDIAN NAME: _____

I/we hereby authorize NATIONAL ALPINE SKI CAMPS 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 NAME: _____

CHRONIC ILLNESSES: _____

CURRENT MEDICATIONS: _____

TETANUS IMMUNIZATION (DATE): _____

ALLERGIES: _____

PARENT/GUARDIAN NAME: _____

ADDRESS OF PARENT/GUARDIAN: _____

PHONE: _____

EMPLOYER: _____

EMPLOYER PHONE: _____

HEALTH INSURANCE PROVIDER: _____

MEMBER #: _____

GROUP #: _____

MEMBER SS #: _____

NEAREST RELATIVE NAME / PHONE: _____

SPECIAL ISSUES NASC STAFF SHOULD KNOW ABOUT: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____