

EMERGENCY MEDICAL AUTHORIZATION

Part I OR PART II MUST BE COMPLETED

PART I TO GRANT CONSENT

Name of Family Physician: _____ Phone: _____

Name of dentist/orthodontist: _____ Phone: _____

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed above, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

(Signature of parent/ guardian) Date

**PART II REFUSAL TO GRANT CONSENT
(DO NOT COMPLETE PART II IF YOU COMPLETED PART II)**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Alice Noble Ice Arena to take no action or to: _____

(Signature of parent/ guardian) Date

PROGRAM WAIVER & FIELD TRIP PERMISSION STATEMENT

Child's Name: _____ Grade: _____

I hereby give permission for my child to participate in programs at/and offered by the Alice Noble Ice Arena. I understand that I will be notified in advance of any trips. I also waive any liability to the Alice Noble Ice Arena and the staff thereof, while participating in these trips and other activities at the Alice Noble Ice Arena. I permit them to be transported in a bus or vans and walk with authorized personnel.

(Signature of parent/ guardian)

PHOTO RELEASE

I also give permission for my child's photograph to be taken while participating at the Alice Noble Ice Arena and their activities, to be used for the purpose of publicity. These photos may be used for program brochures, media productions, advertisements or news articles by the Alice Noble Ice Arena.

(Signature of parent/ guardian) Date

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 16 years of age):

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read a fully understand the above Woo Skate Club Program policies and authorization, and do hereby give such authorization as indicated.

(Signature of parent/ guardian) Date

Woo Skate Club at Alice Noble Ice Arena 2011/2012

Health Information and Emergency Medical Authorization

Child's Name: _____ Date of Birth _____ / _____ / _____ Sex: M / F Age: _____

Home Address: _____ City _____ Zip _____ Phone: _____

Emergency contact between 3:30-6:00pm _____ **Phone:** _____

❶ Parent/Guardian: _____ Address: _____ City _____ Zip _____
Phone : _____ (if different from child's)
Email Address: _____

❷ 2nd Parent/Guardian: _____ Address: _____ City _____ Zip _____
Phone : _____ (if different from child's)

If neither parent/guardian is available in an emergency, notify:

Name: _____ Relationship to child: _____

Address: _____ City _____ Zip _____ Phone: _____

Restrictions for My Child:

None: _____ Other: (please describe): _____

Medication(s): _____ For what Condition(s): _____

Instructions for Medication(s): _____

HEALTH HISTORY

Please check if your child has had or does have any of the following:

	<u>Diseases</u>	<u>Allergies</u>
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy poisoning, etc.
_____ Convulsions	_____ German Measles	_____ Insect Stings
_____ Diabetes	_____ Mumps	_____ Penicillin
_____ Bleeding/Clotting Disorders	_____ Asthma	_____ Other Drugs or Food(s):
_____ Hypertension Mononucleosis		_____
_____ Psychiatric Treatment		_____

Operations/broken bones/serious injuries (please describe and give dates): _____

Disability or chronic/reoccurring illness: _____