

Medical Authorization for Treatment of my Child.

I, the undersigned, being the parent or legal guardian of the following child and giving permission for my child to participate on this ski trip without me, I hereby authorize and appoint the following adult to be the temporary guardian of my child. I confer upon the temporary guardian authority to sign on my behalf any and all medical or dental treatment contracts and treatment authorization forms without limitation which the guardian deems necessary for the benefit of my child in the event of illness or injury. I agree to pay for all such treatment and to save the guardian harmless from these expenses. The following information is provided to assist the ski patrol and the health care provider and is declared by me to be accurate:

Name of Assigned Guardian: _____ Wintergreen Ski Patrol

Name of Child: _____

Birth Date: _____

Allergies(list known ones): _____

Medical Problem (list known ones): _____

My Full Name: _____

I am Child's Parent/ Legal Guardian

Address _____

Telephone: Home: _____

Work: _____

Other: _____

Insurance Company: _____

Policy Number: _____

Group/Plan Number: _____

I signed this the _____ day of _____, 20_____

Signature of Parent or Legal Guardian _____

This form is provided as a courtesy to the skiing public by the Wintergreen Ski Patrol