



BWP Ski Team - PO Box 6 - Bottineau, ND 58318

## 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 your coach or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital/clinic so that medical treatment can be rendered.

I/we hereby authorize \_\_\_\_\_ to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from \_\_\_\_\_ TO \_\_\_\_\_

Name	Date of Birth	Chronic Illnesses	Allergies	Current Medications	Immunizations

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

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

Telephone number of parent/guardian \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Co \_\_\_\_\_

Contract # \_\_\_\_\_ Group No \_\_\_\_\_

ID # \_\_\_\_\_ Policy # \_\_\_\_\_

Nearest relative \_\_\_\_\_ Telephone \_\_\_\_\_

Signed, parent/guardian \_\_\_\_\_ Date \_\_\_\_\_