EMERGENCY MEDICAL RELEASE FORM

Pats Peak Ski Area

The purpose of this form is to give permission to the Pats Peak Ski Patrol, any responding ambulance service and/or Concord Hospital to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency medical treatment however, will not be delayed while trying to make this contact. ★ Complete from here to end ★

(We) (I) Hereby grant permission to Liz Schedeler

(Print name of the ADULT person who is present, or names listed below)

Group/Program Name: 2024 Learn to Ski and Ride Program

★ to secure Emergency Medical Care as _____

(Print name of minor)

Address: _____

City/State/Zip: _____

may require, for a period from _____

to _____

(Include entire length of program)

In the event of multiple persons being given permission:
(Print name(s) of the ADULT(s))
Names of person(s) authorized:

Liz Schedeler or ~~her~~ her assigned assistant

List any medication(s) the minor taking:

Lift any allergies:

I have read and understand the information on the emergency medical form. All the information I have provided is true and complete.

_____ _____

Signature of parent or legal guardian *Print name and relationship*

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____ ★

LEARN TO SKI AND RIDE PROGRAM/GROUP COORDINATOR:
KEEP THIS FORM WITH YOU IN THE EVENT OF AN EMERGENCY;
BRING THE FORM TO THE SKI PATROL OFFICE.