

Grade Level: 6____ 7____ 8____ 9____ 10____ 11____ 12____

Classification: Skier ____ Boarder ____

Ability Level: Beginner ____ Intermediate ____ Expert ____

Haverling Ski/Board Club Permission Slip & Medical Info.

I hereby grant permission for _____ to attend all Haverling Ski Club activities for the _____ season, and to ride the school bus to all such activities.

(Parent/Guardian Signature)

(Date)

Student Name
Address City..... ZIP..... Telephone
(.....) Birth date
Blood Type (if known)
Insurance Company..... Insurance No.
Family Physician Physician Phone #
Medications
Immunizations up to date: ____ yes ____ no Date of last tetanus shot: p
Special Instructions (allergies, neck or other, contacts, etc...)
.....
In case of emergency, please notify:
.....
(You may wish to list your business # in addition to home #, or that of a friend's.)

• Parents should complete the medical authorization form below if it is desired that medical care be provided in your absence. This would be needed if a doctor's care, or emergency room care should be needed. First aid can be provided without authorization.

Medical Authorization (For Minors Under 18)

This authorizes a licensed physician, surgeon, or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child/ward in an emergency when normal permission is unavailable.

(Parent/Guardian Signature)

(Date)