

# Medical Consent Form



Group Name: \_\_\_\_\_ Reservation #: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Arrival/Departure: \_\_\_\_\_

Authorization by parent(s) or guardian(s) for another to consent to hospitalization, surgery or special medical procedures during absence of parent(s) or guardian(s)  
(Please print or type all required information)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

## Health History

Medical Problems: \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Allergies \_\_\_\_\_

Allergic to Drugs (i.e. penicillin, etc.) List: \_\_\_\_\_

Allergic Reaction to Bee Stings: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Tetanus (Last injection): \_\_\_\_\_

Is Child under medical treatment now? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Child taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_ What Type? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parent(s) or Guardian(s) Legally Responsible for Child

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Night Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_

We hereby appoint the appropriate staff of Snowshoe Mountain who, during my/our absence, shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including, by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required during our absence. Without in any manner limiting the foregoing appointment and authorization. If circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and indemnify and hold Snowshoe Resort Inc. and Snowshoe Resort Management Inc., its agents, employees and associates harmless from any costs incurred therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please deliver to ski patrol office on your first day of skiing.