2016-17 Providence Medical Consent Form

If your child needs emergency medical care beyond first aid and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed "Providence Medical Consent Form" with your group organizer or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.



Participant's Name			MLADOWS	
			IF APPLICABLE	
Visit Date			Program Name	
Address			Group Organizer (GO)	
City	State	Zip	GO Cell Phone	
Country			GO Code	
H Phone		C Phone	Program Start Date	
- "				
Email [Program Length	
Age		Discipline (Ski/Snowboard)	Skill Level	
Physician		Physician Phone	Medications	
Emergency Contact		Emergency Phone	Illness	
Date of Last Tetanus Shot		Allergies	Other	
Health Insurance Co.		Member Number	Group Number	
I Accept Signature			Date	

By checking the "I Accept" box above I certify that I am the Participant or that I am the parent or legal guardian of the Participant and that I hereby authorize Providence to give all medical and/or surgical treatment that may be required for my child during my absence, or for myself if I am the Participant, from December through May.