MUST BE COMPLETED FOR UNACCOMPANIED MINORS If Parent/Guardian will be on the trip - no need to complete this



2019-20 Providence Mt Hood Meadows Mountain Clinic Consent to Treat

Providence Health & Services – Oregon dba Providence Hood River Memorial Hospital Mountain Clinic ("Providence") is a medical first aid clinic located at Mt. Hood Meadows Ski Resort that provides emergency response and immediate care. For serious injuries or illnesses, clinic staff will stabilize and transfer patients to an appropriate medical facility.

In case of injury or illness requiring medical intervention, every effort will be made to notify parent/guardian. In the event that this is not possible, completing and signing the below form authorizes Providence to provide medical treatment to your child. Please note, that in the case of an emergency situation, parental consent is not needed to provide emergency medical treatment to a minor child.

STUDENT/PARTICIPANT INFORM	WATION					
Last name First name		-		Date of bi	rth	Gender
Home address				Apartmen	Apartment or building number	
City		State		Zip code		
ome phone Student/particip		ell phone	I phone Group organizer/gro		ne Organizer phone	
PARENT/GUARDIAN INFORMAT	ΓΙΟΝ					
Last name	First name	Date of birth		Relationship to student/participant		
Parent phone (Best contact number)	Parent alternate phor	ne	Parent email address		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
EMERGENCY CONTACT INFORM	IATION					
ame		Phone		Relationship to student/participant		
MEDICAL INFORMATION						
Medical provider name/phone Allergies (Including medication allergies)		Dentist name/phone Current medications			Date of last tetanus shot	
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Health history (Chronic or existing diseases	or medical problems – i.e. as	sthma or diabe	tes)			***************************************
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