

DURANGO NORDIC SKI CLUB

ATHLETIC CONSENT FORM

NAME _____ DATE _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named individual. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named individual may be given.

In the event that an emergency arises during a practice session or athletic meet or training camp, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coaches to provide the needed emergency treatment to athlete prior to his admission to the medical facility.

Parent/Guardian Signature _____ Date _____

Please Print Name of Parent/Guardian _____

Phone Numbers where parents/guardians can be reached:

Home _____ Work _____ Cell _____

Home _____ Work _____ Cell _____

Family Physician _____ Phone _____

Allergic to any Drugs or Medicines? Yes _____ No _____

If Yes, What? _____

Health problems that we should be aware of (Asthma, Diabetes Etc):

Health Insurance Company _____

Group Insurance Number _____

Individual Insurance Number _____

I hereby give permission to take pictures or give information to the News Media about my son or daughter for recognition: Yes _____ No _____