

ACTION SKI AND OUTDOOR TOURS

MEDICAL/PARENTAL OR GUARDIAN CONSENT FORM

Youth's Name _____ Age _____

Address _____ Phone _____

City, State _____ Zip _____

Father's Name _____

Mother's Name _____

Father's Location during trip _____ Phone _____

Mother's Location during trip _____ Phone _____

Name of another responsible adult _____ Phone _____

Medications youth is taking _____

Allergies _____

Special Health Problems/ Concerns _____

Medical Insurance Company _____ Policy # _____

Insurance Agent _____ Phone _____

Address _____

Doctor's Name _____

Address _____ Phone _____

This is to indicate that as parent or guardian of _____, I have given my consent for my son or daughter to participate in _____.

This document authorizes any Action Ski & Outdoor Tours employee or adult chaperone supervising any activity in which my son/daughter is engaged to authorize any medical or hospital consultation or treatment which he/she thinks advisable in the case of accident, injury, or illness affecting my son/daughter or any condition leading the supervisor to believe that medical or hospital treatment or consultation is necessary or desirable.

Date _____ Signed _____

Relationship to Youth _____