Please Circle Dates Attending Ski Trips 1/8, 1/15, 1/22, 1/29, 2/5, 2/12, 2/29

Soundview Family YMCA School's Out Ski Club

Emergency Information & Authorization

To be completed by parent / guardian.

Important- Your child **may not attend ski trips** until this form is fully completed and signed. Please return to the YMCA Office **ONE WEEK PRIOR TO REGISTERED SKI TRIP DATE.**

**** DO NOT SEND FORMS IN SEPARATELY, KEEP ALL TOGETHER****

Please print or type.

Child's Name _____ Birth Date_____ M____F____ Grade _____
Last First Middle

Address_____ City_____ State_____ Zip_____

Mother/ Guardian _____ Home # _____ Cell# _____

Father/ Guardian _____ Home # _____ Cell# _____

Mother's Employer _____ Work #_____ Other# _____

Father's Employer _____ Work # _____ Other # _____

Child lives with _____

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

_____ Home # _____Work # _____Cell#_____
Name Relationship

Does your child have ☐ ADD/ ADHD ☐ Asthma ☐ Diabetes ?

Medication, Allergies, Physical Handicaps

Please list medications that your child is taking. If your child will be taking any medications (prescription or over-the-counter) during the trips, **you must attach a doctor's medication authorization form.**

_____

Does your child have an allergic reaction to

☐ Bees ☐ Medication ☐ Food ☐ Other ? Describe _____

_____

What symptoms may occur? _____

Does your child carry an Epi-Pen? ☐ Yes ☐ No If yes, one must be provided to the ski club on trip dates _____

Physical Handicap_____

Insurance Information

Is the participant covered by family medical / hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name _____ Group # _____

Name of insured _____ Relationship to participant _____

Social Security number of policy-holder or insurance ID number _____

Permission to Provide Necessary Treatment or Emergency Care:

I herby give permission to the Soundview Family YMCA medical personnel or the Ski Club Advisor to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Ski Club Advisor to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Signature of parent/ guardian or staff X _____Date_____

Please print your name_____

BY COMPLETING THIS FORM YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE POLICIES/PROCEDURES STATED IN THE SKI CLUB INFORMATION PACKET

Mail completed signed forms to: Soundview Family YMCA, 28 School Street 2nd Floor Office G, Branford, CT. 06405 **Or Fax to:** (203) 481-9363