

# Caroline Ice Skating Program Fall 2018

Offered through the Caroline Sports Association

## Emergency Medical Form

Please return with Registration form and payment by  
Wednesday, October 24th!

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I give permission for my child to participate in the Caroline After School Ice Skating Program, sponsored by the Caroline Sports Association, Inc. I acknowledge that participation in this ice skating program entails risks and dangers. I understand that the presence of qualified instructors does not relieve participants of responsibility for their safety. This form allows parents/guardians to authorize the provision of emergency medical treatment for a child who becomes ill or injured when the parent/guardian cannot be reached.

If attempts to contact: (your name) \_\_\_\_\_  
at: (phone number(s)) \_\_\_\_\_ have been  
unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by:  
(physician) \_\_\_\_\_ (phone) \_\_\_\_\_  
(dentist) \_\_\_\_\_ (phone) \_\_\_\_\_

If the designated practitioners are not available, I give permission for my child to be treated by another licensed physician or dentist.

If I cannot be reached during an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

This authorization does not cover major surgery, unless the opinions of two other licensed physicians concurring in the necessity for such treatment are obtained prior to surgery. Facts concerning this child's medical history, medication, allergies, and physical impairments to which any physician should be alerted

are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of parent(s) /guardian(s):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

*These materials are neither sponsored nor endorsed by the Board of Education of the Ithaca City School District, the superintendent, or this school.*