

To: 7th grade through High School Youth and their parents/guardians

Re: Ski Trip

Please return this medical authorization form, your ski trip form and \$25 deposit to the church office by February 10, 2012.

Make checks out to Gilbert Lutheran Church.

MEDICAL AUTHORIZATION FORM

Student's Name _____ Parent/Guardian Full Name _____

Address _____

Emergency Phones: Night: () _____ Day: () _____

Insurance Company _____ Age at time of the event _____

Policy Number _____ (If student will be skiing or boarding, has the student skied or boarded before? YES or NO)

IMPORTANT MEDICAL INFORMATION that a care-giver should know. Such as: conditions, physical limitations, allergies or any special health or behavioral considerations:

CURRENT PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS AUTHORIZED FOR USE:

Is this person normally aware of his or her own health care needs? ____Yes ____No

Comments: _____

My son/daughter has permission to engage in the following GLC activity: Junior High or Senior High Ski Trip to MN. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the youth leader to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above.

(Signature)

(Date)