



BC ALPINE

EMERGENCY CONSENT FORM

I/we hereby authorize _____
to give consent for all medical and / or surgical treatment that may be required for
our child/children during our absence.

VALID FROM

VALID UNTIL

Child's Name	
Date of Birth	
Chronic Illnesses	
Allergies	
Current Medications	
Date of last Tetanus Immunization	
Other	
Dietary Needs	

Physician's Name _____ Telephone _____

Home Address of Parent / Guardian _____

Telephone Number of Parent / Guardian _____

Employer _____ Telephone _____

Health Insurance # _____ Member # _____ Group # _____

Nearest Relative _____ Telephone _____

Parent / Guardian Signature _____ Signature Date _____

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may become unnecessarily delayed. To protect your child, leave a completed emergency consent form with your coach or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital / clinic so that medical treatment can be rendered.