Medical Clinic Copy

2009-2010 Providence Mountain Clinic Release

Date | Visit Date

GO Code | Enrollment for | Program Length | Prog Start Date | Group Name | Program | Session | Day | Shift | Discipline | Skill Level

Name | Name | Address | City | State | Zip Code | Country | H Phone | W Phone | Email

Group Organizer | GO Cell Phone

Age Division | Age | Grade

Medical Release

If your child needs emergency medical care beyond first aid and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child ,leave a completed MEDICAL CONSENT FORM with your group organizer or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

Participant's Name		Illness		Allergies	
Medications		Date of last Tetanus Shot		Other	
Physican		Emergency Contact		Nearest Relative	
Physician Phone		Emergency Phone		Relative's Phone	
Health Insurance Co		Member Number		Group Number	

I/we hereby authorize The Providence Mount Hood Clinic to give all medical and/or surgical treatment that may be required for our child/children during our absence or for myself if I am the participant from December until May

SIGNATURE_____

☐ I ACCEPT

By clicking the check box in the " I Accept box " above I certify that I am the Participant or that I am the parent or legal guardian of the participant and that I hereby authorize The Providence Mount Hood Clinic to give all medical and/or surgical treatment that may be required for our child/children during our absence or for myself if I am the participant from December until May

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