

**Lake Washington Snowsports Council, dba Eastside Ski & Ride  
2011-2012 SEASON MEDICAL AND SURGICAL TREATMENT AUTHORIZATION**

**This form is optional, however we strongly encourage completion of the information requested below in order to assist our Emergency Response Team in providing prompt medical care for your child.**

I, the parent or legal guardian of \_\_\_\_\_  
(student name--please print) (date of birth)

do hereby authorize and give my consent to the authorities of Lake Washington Snowsports Council, Inc., dba Eastside Ski & Ride to obtain emergency medical and surgical treatment

I authorize Lake Washington Snowsports Council, Inc., dba Eastside Ski & Ride, (LWSC-ESR) *The Summit at Snoqualmie* first aid personnel or either of their agents hereafter RELEASEES to call for medical care for the child or to transport the child to the appropriate clinic or hospital if, in the opinion of that person(s), medical attention is needed for the child. This authorizes a licensed physician, LWSC-ESR personnel or other recognized first aid personnel to carry out emergency medical care deemed necessary for the child in an emergency where normal permission is unavailable. I agree that upon transporting the child to any medical facility, clinic or hospital that the responsibility of the RELEASEES shall be totally fulfilled and the RELEASEES shall not have any further responsibility for the child.

Student Name (Please Print)

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Relation to student \_\_\_\_\_

Home address of parent/guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact **other than parent** \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Blood type (if known) \_\_\_\_\_

Allergies to Medication (explain) \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

Regular Medication \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**Accidents & Insurance Claims**

**Insurance and payment of medical or transportation costs are the responsibility of the parent/guardian. LWSC-ESR encourages review of insurance policies for proper coverage.**

**It is recommended all parents annually file a medical release form with the local hospital of choice to prevent treatment delay if the parent cannot be contacted in the event of an injury.**