

Only for Minors Chaperoned by an Adult other than their Parent

NIA MEDICAL INFORMATION REQUEST, GENERAL POLICIES AND MEDICAL RELEASE

I understand that there are no refunds for missed trips or any unused portion of a trip; rain checks will be issued should Ski 93 be unable to operate any trip/ program due to circumstances beyond their control.

The following information is to be provided by any minor participant chaperoned by a non-custodial adult:

Participant's Name: _____

Participant's Date of Birth: _____ Last Tetanus Toxoid Booster: _____

Allergies to Drugs: _____

Allergies to Food: _____

Special Medications: _____

Pertinent Information: _____

Medical Insurance Company: _____

Policy #: _____

Parent/Guardian Contact Name: _____

Parent/Guardian Contact Name Phone Number Home: _____

Parent/Guardian Contact Name Phone Number Cell: _____

Emergency Contact Person: _____

Emergency Contact Person Phone Number: _____

I represent that the above medical information is complete and accurate.

In case of an emergency, I hereby give my permission to the staff of the NIA to order rescue and/or treatment for this participant as required. This includes any medical attention, anesthetic, special transportation, x-rays, medical or surgical diagnosis and search and rescue. I hereby agree to freely, voluntarily assume and accept all responsibility for any and all costs associated with any injuries, rescue and/or treatment as ordered by the staff of the NIA. This consent shall be effective until March 31, 2016.

Signature of Parent/Guardian of Participating Minor

Date