

SJA ULTIMATE CAMP 2008

Medical Authorization Form

Version 1.3

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of Josh Seamon, Bryan Galante, and Kate Desrochers in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of *[Name of participant]* _____ recognizes the potentially hazardous nature of the sport of ULTIMATE and that an injury might be sustained. In the event that such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical personnel to render such treatment.

We (I) release St. Johnsbury Academy, its employees, its agents, its volunteers and its assigns from any personal injuries caused by having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors, and administrators.

This release form is complete and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

Parent or Guardian: _____
Name Printed Signature Date

Parent or Guardian: _____
Email Address Daytime phone number

Family Physician: _____
Name Printed Address Phone

Preferred Hospital: _____

Child's Medical Insurance Carrier: _____
Name Phone

Emergency Contact: _____
Name Address Phone

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to: