

# 2016/2017 Medical Treatment Release

One form per child

Name of child Date of Birth

*I, parent or legal guardian of , \_\_\_\_\_  
give my permission for emergency medical treatment to be authorized for my  
child by the Telluride Figure Skating Club coach, officer or official chaperone in  
charge, in the event that I am not available for authorization.*

*I understand that every effort will be made to contact me before such treatment is  
authorized. I also understand that I will in no way hold Telluride Ski & Snowboard  
Club, Telluride Figure Skating Club, its coaches, official chaperones or other  
representatives liable for any medical treatment administration.*

**SIGNATURE OF PARENT:**

\_\_\_\_\_

Date: \_\_\_\_\_

Parent(s) name(s)

Mailing Address  
Street/PO BoxCitySTZIP

Physical Address (if different)

**PHONE:** hm \_\_\_\_\_ wk \_\_\_\_\_ other \_\_\_\_\_

Parents name

hm \_\_\_\_\_ wk \_\_\_\_\_ other \_\_\_\_\_

**OTHER EMERGENCY CONTACTS:**

NamePhone Number(s)Relationship to child

**PRIMARY HEALTH INSURANCE PROVIDER:**

Name of Insurance

Policy #

Group #

Insurance Company Phone #

**HEALTH CONDITIONS, PRESCRIPTION MEDICINES and MEDICAL HISTORY:**

*Please be sure to list all health conditions, prescription medicines or other pertinent medical information/history that we should be aware of...*

***I hereby certify that the above information is true and that I am the parent or legal guardian of the above-mentioned child and participant of Telluride Figure Skating Club.***

**SIGNATURE OF**

**PARENT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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