

TAMARACK CROSS COUNTRY SKI CENTER



**PARENTAL AUTHORIZATION
TAMARACK GLIDERS/AVALANCHE**



CONSENT TO TREATMENT OF A MINOR

WE _____ & _____
PARENT(S) OR GUARDIAN(S) OF _____, A MINOR HAVE
ENTRUSTED SUCH MINOR INTO THE CARE OF (COACH) _____ (COACH)
_____ OR (COACH) _____, AN ADULT
HOWEVER, SAID ENTRUSTMENT SHALL ONLY BE IN EFFECT NOVEMBER 1, 2007 THROUGH
OCTOBER 31, 2008 AND ONLY FOR THOSE PERIODS WHEN THE ABOVE NAMED MINOR IS
ATTENDING SESSIONS OR AS A MEMBER OF THE TAMARACK GLIDERS.

IN SUCH CONSIDERATION WE AUTHORIZE SUCH CARING ADULT TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE TO BE RENDERED TO SUCH MINOR UNDER THE GENERAL OR SPECIAL SUPERVISION AND ON THE ADVICE OF A PHYSICIAN LICENSED UNDER THE PROVISIONS OF THE MEDICINE PRACTICE ACT; OR TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, DENTAL OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE TO BE RENDERED TO SUCH MINOR BY A DENTIST LICENSED UNDER THE PROVISIONS OF THE DENTAL PRACTICE ACT. WHETHER ON ANY OCCASION SUCH CONSENT IS RENDERED TO ANY SUCH MEDICAL OR DENTAL ATTENTION, IT IS TO BE CONSIDERED WITHIN THE ABOVE PROVISIONS AND LIMITATIONS, UNDER THE SAME KINDS OF CIRCUMSTANCES, WITHIN THE FULL DISCRETION, AND IN THE COURSE OF THE SAME KIND OF RESPONSIBLE DELIBERATIONS AS WE, AS SUCH MINOR'S PARENTS OR GUARDIANS, WOULD HAVE TO CONSIDER IT.

MEDICAL/ACCIDENT INSURANCE CARRIER _____

POLICY NUMBER _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

**PLEASE INCLUDE A PHOTOCOPY OF YOUR
INSURANCE POLICY AND/OR IDENTIFICATION CARD.**

*PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE PROCESSED IF IT IS MISSING ANY
OF THE REQUIRED FORMS AND/OR DOCUMENTS.*