

## EMERGENCY PERMISSION FORM

While every effort will be made to properly supervise your child, skiing is a physical activity, which always poses a risk of injury. However, since the Ski Club is a school activity, students are covered by the school's student accident insurance program.

In the event of an accident involving your child at Shawnee or in transportation to or from Shawnee, the following policy will prevail:

**If the injury is minor, first aide personnel at the ski area will treat the student. If the injury is serious, requiring medical treatment, the child will be transported to a doctor or hospital, accompanied by a club chaperone. Before transporting the child, we will first contact the parent or guardian. However, in the case of an emergency, or when neither parent nor guardian can be reached, the following permission form will allow transportation and treatment to be secured, rather than waiting for the parent or guardian to telephone or telegraph approval. In the case of emergency, your child will be transported to the Pocono Hospital, East Stroudsburg or the nearest available facility.**

I hereby give permission for my child, \_\_\_\_\_, to join the EATS Ski Club. In giving this permission, I recognize and accept all risks and will not hold East Amwell Township Board of Education including its agents and employees liable for any possible injuries.

I hereby give permission to Shawnee personnel, a chaperone of my child's Ski Club or other emergency personnel to transport my child to and from a doctor and/or hospital for emergency treatment.

I hereby understand that I am responsible for informing the East Amwell Township Board of Education of any special needs or restrictions for my child.

I hereby give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment and to administer drugs in conjunction with emergency treatment.

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

Parent/Guardian Home phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Additional Medical Information (allergies to medication, etc.): \_\_\_\_\_

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