

Ski Club Date **Friday, February 9, 2024**

Student Name: _____

It is absolutely critical that I am able to reach a parent at all times during the Ski Club outings that your student will attend. I need to be able to contact you in the event of illness or injury. Please provide us with the following numbers:

Home Phone: _____

Parent/Guardian #1 Name: _____ Cell: _____

Parent/Guardian #2 Name: _____ Cell: _____

Alternate Contact Name: _____

Number: _____

Alternate Contact Name: _____

Number: _____

Consider where you will be that day/evening: _____

Number: _____

If you cannot be reached at any of the above numbers, how may I contact you?

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Family primary doctor _____

Family Health Plan Carrier _____

Signature _____ Date _____

Thank you for providing me with this information. I know it is a duplication of some of the information on the permission slip; however, I would like to thank you for filling out both forms as accurately as possible.

Tiffany Lindbloom, tlindbloom@waukeshacatholic.org
Ski Club Advisor