



**Everett Mountaineers Family Activities Authorization
and
Consent for Medical Care and Treatment of a Minor**

This form to be completed for all participants under 18 years of age

We, the undersigned, authorize _____
(print name of minor child)

to participate in Family Activities with the *Everett Mountaineers*. We also authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician, for the above named person, if we cannot be reached in the case of any emergency. Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, X-ray examinations, transfusions, injections or drugs, and the performing of whatever operations may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until the undersigned void their signatures hereon.

Date _____

Signature of mother _____

or Signature of father _____

or Signature of legal guardian _____

Primary _____ Physician

Physician
Phone _____

Medical Insurance _____ Policy #

Known Allergies or other medical conditions

**A copy of this form is to be carried with the above named minor while on all
Everett Mountaineer Family Activities**