

ALICE NOBLE ICE ARENA/NOBLE KIDS PROGRAM 2009 - 2010

Health Information and Emergency Medical Authorization

Child's Name: _____ Date of Birth _____ / _____ / _____ Sex: M / F Age: _____

Home Address: _____ Phone: _____

City Zip

Emergency contact between 3:30-6:00pm _____ **Phone:** _____

① Parent/Guardian: _____ Address: _____

City Zip

Phone : _____ (if different from child's)

Email Address: _____

② 2nd Parent/Guardian: _____ Address: _____

City Zip

Phone : _____ (if different from child's)

If neither parent/guardian is available in an emergency, notify:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

City Zip

Restrictions for My Child:

None: _____ Other: (please describe): _____

Medication(s): _____ For what Condition(s): _____

Instructions for Medication(s): _____

HEALTH HISTORY

Please check if your child has had or does have any of the following:

_____ Frequent Ear Infections
_____ Heart Defect/Disease
_____ Convulsions
_____ Diabetes
_____ Bleeding/Clotting Disorders
_____ Hypertension Mononucleosis
_____ Psychiatric Treatment

Diseases
_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps
_____ Asthma

Allergies
_____ Hay Fever
_____ Ivy poisoning, etc.
_____ Insect Stings
_____ Penicillin
_____ Other Drugs or Food(s):

Operations/broken bones/serious injuries (please describe and give dates): _____

Disability or chronic/reoccurring illness: _____

PARENT HANDBOOK

I/We have received & read a copy of the Alice Noble/Noble Kids Program Parent Handbook

(Signature of Parent/Guardian): _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION
Part I OR PART II MUST BE COMPLETED
PART I TO GRANT CONSENT

Name of Family Physician: _____ Phone: _____

Name of dentist/orthodontist: _____ Phone: _____

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed above, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

(Signature of parent/ guardian) Date

PART II REFUSAL TO GRANT CONSENT
(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Alice Noble Ice Arena to take no action or to: _____

(Signature of parent/ guardian) Date

PROGRAM WAIVER & FIELD TRIP PERMISSION STATEMENT

Child's Name: _____ Grade: _____

I hereby give permission for my child to participate in programs at/and offered by the Alice Noble Ice Arena. I understand that I will be notified in advance of any trips. I also waive any liability to the Alice Noble Ice Arena and the staff thereof, while participating in these trips and other activities at the Alice Noble Ice Arena. I permit them to be transported in a bus or vans and walk with authorized personnel.

(Signature of parent/ guardian)

PHOTO RELEASE

I also give permission for my child's photograph to be taken while participating at the Alice Noble Ice Arena and their activities, to be used for the purpose of publicity. These photos may be used for program brochures, media productions, advertisements or news articles by the Alice Noble Ice Arena.

(Signature of parent/ guardian) Date

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 16 years of age):

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>

I have read a fully understand the above Noble Kids Program policies and authorization, and do hereby give such authorization as indicated.

(Signature of parent/ guardian) Date