

This is a **required form** for minors participating in Rib Mountain Ski Club bus trips when they are not accompanied by their parent or legal guardian. This form grants a temporary health care power of attorney to a willing adult club member that is on the bus trip.

RIB MOUNTAIN SKI CLUB, INC. EMERGENCY FORM

STEP 1:

Trip Title _____ Date applicable _____.

STEP 2:

Name of parent or legal guardian: _____.

Name of Minor(s): _____.

Name of Agent: _____.

I, the parent or legal guardian of the above named minor(s), do appoint as a temporary agent under a parental healthcare power of attorney to act on my behalf making decisions for the emergency care of the above named minor(s) in the event they need emergency health care while participating in a Rib Mountain Ski Club, Inc. event.

I do hereby indemnify and hold harmless the temporary guardian, physician, hospital, and other persons who act in reliance upon this authorization.

STEP 4:

Parent or Guardian signature _____.

Date signed _____ Relationship to minor _____.

STEP 5:

Minor's name:	
Address:	
Phone number for emergency contact:	
Emergency contact relationship:	
Any medical conditions we should know about?	Allergies? _____ Medications currently taking: _____ Contact lenses or glasses? _____
Primary physician and phone number:	Insurance company name _____ Subscriber number _____ Group number _____ Employer's name _____