

**AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

I, \_\_\_\_\_, authorize the Vail Valley Medical Center, or other emergency medical provider, including its agents, employees and any members of its medical staff, to render emergency medical care to my child/legal ward (hereinafter "Child" or "Skier"), \_\_\_\_\_, as is considered in their medical judgment to be necessary or beneficial. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations.

This Authorization is made to be effective throughout the entire 2018 – 2019 skiing season.

DRUG(s) & ALLERGIES (IF ANY): \_\_\_\_\_

A copy of this authorization shall be deemed an original, and signatures may be delivered by facsimile and/or email and the parties hereto agree to accept and be bound by a copy and/or facsimile/email signatures hereto.

SIGNATURE of  
PARENT/LEGAL  
GUARDIAN: \_\_\_\_\_

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

SIGNATURE of WITNESS: \_\_\_\_\_

**CHILD/SKIER HEALTH INSURANCE INFORMATION:**

Regular Doctor or Health Care Provider: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_