

MEDICAL CONSENT FORM & PARTICIPANT WAIVER

AUTHORIZATION BY PARENTS FOR ANOTHER TO CONSENT TO HOSPITALIZATION, SURGERY, OR MEDICAL TREATMENT OF A MINOR CHILD



All blanks must be filled out. All blanks not applicable should be indicated N/A (not applicable)
This form must be completed, signed and turned into a Planet Hockey Staff Member at Check-in.
Students will not be allowed to begin Camp without completing this form.
 More than one sibling may be listed. Do not send or email this form. Thank you, Planet Hockey, Inc.

NAME OF STUDENT(S):

PLANET HOCKEY CAMP LOCATION: _____ CAMP DATES: _____, 2018

Names of Parents or Legal Guardian *(please print):*

First	Last	Relationship	First	Last	Relationship
Address		Phone number	Address		Phone number
City	State	Zip	City	State	Zip

Names of Child and Medical Information *(please print):*

First	Last	Birthdate
Allergies/Medical Concerns		Medications

Health Insurance *(please print):*

Insurance Carrier	Policy Number
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(Camp Dates)

During my (our) absence during Camp from _____ to _____ we appoint Planet Hockey personnel to consent (each individually) for all medical or surgical treatment or other medical procedures to the child named above (including, but not limited to, emergency services, administration of anesthesia, blood transfusions, diagnostic tests, etc.) that may be required during such absence.

Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, we would like to have the following physician consulted in connection with such medical or surgical treatment or medical procedures:

Name of Physician	Telephone Number
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This appointment and authorization shall include and extend to all matters for which consent is required under the policies of any hospital or medical treatment facility. In consideration of the services that are rendered to the child named above, pursuant hereto, I (we) agree to pay for all such services. This appointment and authorization shall be effective until _____, 20____, unless sooner revoked by me (us).

Any hospital or medical facility, its officers and personnel, and any physician providing medical or surgical services to the child named above may rely upon the consent given by the above-named appointee(s) (or either of them) with the same force and effect as if personally given by me (us).

Participant Waiver: Planet Hockey, Inc. will not assume responsibility for any injury incurred while participating in this Planet Hockey Skills Camp, both on the ice and during off ice activities. Certain risks are inherent during the participation of a hockey camp and hockey training. Nor will Planet Hockey be liable for lost or stolen items during the duration of camp. I, the undersigned for myself, my heirs and assigns, do hereby release Planet Hockey, Inc., employees, instructors, counselors and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my/my child's participation in this Planet Hockey Skills Training Program.

Signature of Parent or Legal Guardian	Date
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Signature of Parent or Legal Guardian	Date
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