

# PATS PEAK Ski Area

## Emergency Medical Release Form

**Group Name:** \_\_\_\_\_ **Trip Date:** \_\_\_\_\_

I give my permission (Name of parent) \_\_\_\_\_ for my son/daughter  
(Child's Name:) \_\_\_\_\_, grade \_\_\_\_\_ to attend the ski trip to PATS PEAK Ski Area  
on **(Date)** \_\_\_\_\_. In addition, I hereby grant permission to the following Group Leaders to secure emergency  
medical care for my child for a period from the beginning to the end of the ski trip.

\_\_\_\_\_  
Group Leader

\_\_\_\_\_  
Group Leader

\_\_\_\_\_  
Group Leader

\_\_\_\_\_  
Group Leader

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any type of medical problems we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Health Insurance Carrier and Policy Number \_\_\_\_\_

Name of Doctor and Medical Facility \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

My child has permission to participate in the **(Group Name)** \_\_\_\_\_, ski trip. By authorizing,  
parent agrees to release and hold harmless **(Group Name)** \_\_\_\_\_, administrators, chaperones and PATS PEAK Skiing, LLC and their employees  
from any and against all liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with  
current state and federal law, arising out of participation in this trip.

I give permission to chaperones to authorize medical treatment in case of emergency. I certify that my child is covered for injury  
under my health insurance policy. I attest to the accuracy of all information given in the form above and on the equipment rental  
forms.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (Mom): \_\_\_\_\_ Cell (Dad): \_\_\_\_\_

Please note that in the unfortunate event of an injury we need the name and phone number of the person responsible for picking up  
the student in New Hampshire that day. Any questions please call  
(Group Leader Name And Contact phone Number) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

The purpose of this form is to give permission to the Pats Peak Ski Patrol, any responding ambulance service and/or Concord Hospital  
to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every  
attempt will be made to contact the legal guardian listed. Emergency medical treatment however, will not be delayed while trying to  
make this contact.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Print name and relationship

**Group Sales, PATS PEAK Ski Area, PO Box 2448, Henniker, NH 03242**  
**1-888-PATS PEAK (728-7732) Ext. 106/124 \*Fax 1-603-428-7821**