



2016 ICE SHOW CONSENT TO TREAT

This is to certify that I, _____, as parent or guardian of _____, give consent to the Skating Club of Novi to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned skater.

Please complete the following information:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Is there any medical history the club should know about?

Are you currently taking any medication?

Allergies?

Signed: _____ Date _____
(Parent/Guardian)

Relationship to Skater: _____

Home Address: _____

Phone: _____ Cell Phone: _____

In case of emergency contact: _____ Phone #: _____