

BEAVERLAND MUST-SKI WATERSKI TEAM
GUARDIANSHIP APPOINTMENT & MEDICAL CONSENT LETTER

CHILD (hereinafter referred to as the "Child")

NAME IN FULL _____

DATE OF BIRTH _____

LEGAL PARENT (hereinafter referred to as the "Parent / Guardian")

RELATIONSHIP TO A CHILD _____

NAME IN FULL _____

DATE OF BIRTH _____

PHONE NUMBER _____

CURRENT ADDRESS _____

E-MAIL ADDRESS _____

GUARDIANSHIP APPOINTEE (hereinafter referred to as the "Temporary Guardian")

NAME(S) IN FULL _____

PHONE NUMBER _____

ADDRESS _____

1. I authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the Child except where any such first aid treatment is specifically excluded hereunder:

2. I hereby authorize the Child to travel with the Temporary Guardian to the following destination(s) (strikethrough if not applicable):

3. I authorize the Temporary Guardian, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for the Child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the Child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the Child.

4. Persons responsible should please note the following: (Please state aspects eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

4.1 Present prescribed, or other medication that is being administered:

5. The following information is essential in case of medical treatment or hospitalization:

5.1. Name and Address of Employer:

5.2. Medical Aid / Insurer:

5.3. Policy Number:

6. I declare that I am the legal custodian of the Child and that I have legal authority to grant medical consent to the Temporary Guardian for the Child.

7. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

8. This medical and travel consent will be in effect from the _____ day of _____ 20__ until the _____ day of _____ 20__

Signed at _____ on this _____ day of _____ 20__

SIGNATURE _____ (Parent / Guardian)

SIGNATURE _____ (Parent / Guardian)

SIGNATURE _____ (Temporary Guardian)

SIGNATURE _____ (Temporary Guardian)

WITNESS 1: _____

WITNESS 2: _____