

# TOWNSHIP OF OCEAN

50 Railroad Avenue, Waretown, New Jersey 08758 • (609) 693-5407 • Fax: (609) 693-2106

Recreation Department



## Recreation Ski Trip CONSENT FOR MEDICAL TREATMENT FORM

I hereby give permission for my child \_\_\_\_\_  
to participate in the Township of Ocean Ski trip. I agree to provide my own  
health/accident insurance, in the event that my child sustains an injury while  
participating on the trip, and further understand that the Township of Ocean  
does not provide medical insurance for this purpose.

In the case of an accident or serious illness to my child, which, in the judgment  
of the mountains ski patrol staff, requires immediate action, I request and hereby  
authorize the Township of Ocean Recreation Coordinator, to obtain such  
medical assistance and if needed, allow the ski resort to transport my child to a  
hospital, as they deem appropriate to the situation.

I also authorize any physician or hospital employee to administer such medical  
treatment for my child, as they deem necessary and appropriate to the situation.  
I will not hold any Township employee, ski patrol member, physician or hospital  
employee responsible for acting in accordance with this authorization.

I expect to be informed of my child's condition and of the treatment as soon as  
possible.

Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Telephone number where you can be reached during this trip:  
(\_\_\_\_) \_\_\_\_\_