

Consent Form:

I hereby grant authority to the Vankleek Hill Curling Club to take actions intended to assist the above named curler in any emergency situation.

Parent /Guardian place of work: _____

Work Number: _____

Home Number: _____

Cell Number: _____

Medicare Card Number: _____

Allergies: _____

Medical Condition: _____

Medication being taken: _____

Family Doctor: _____

Family Doctor Phone: _____

Name of Parent/Guardian: _____

Signature _____

Here's to a great season!