

Medical Authorization for Paul Wylie Clinic May 18-May 20, 2018. (signature required)  
Skater may bring to registration desk upon arrival to clinic.

I give permission for the Southern Wisconsin Figure Skating Club Personnel or the Verona Ice Arena (Eagles Nest) rink management to obtain emergency medical help if I am or my child is injured or becomes ill during skating activities of the Paul Wylie Clinic May 18 through May 20, 2018. We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Adult Skater Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Skater Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Hospital: \_\_\_\_\_ City/State \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group: \_\_\_\_\_

**Please make a copy of the insurance card both front and back**

Emergency Contact (other than parents) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Indicate any serious allergies or conditions affecting emergency care; or any other conditions that the SWFSC should be aware

In the past year, has this student/adult traveled or resided in any of the countries besides the United States or Canada.? If yes: please state the country and dates.