



# SKYLINERS Emergency Care Plan for Allergies



Please complete this form to indicate your permission for your child (or yourself in the case of skaters 18 years of age or older) to receive treatment/medications from line mothers, Skyliners volunteers, medical personnel or other designated adults in the event of a suspected or confirmed allergic reaction. All parents with skaters under 18 years of age and skaters 18 and over must complete this form. **THIS FORM MUST BE PRINTED AND SUBMITTED FOR ALL SKATERS BEFORE THE FIRST PRACTICE, OR SKATER WILL NOT BE ABLE TO PARTICIPATE. IF MEDICATION IS NECESSARY, IT MUST BE SUBMITTED AT THAT TIME.**

**Skaters Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Line** \_\_\_\_\_

**Physician's Name/Phone Number:** \_\_\_\_\_/\_\_\_\_\_

**Diagnosis/Allergic to:** \_\_\_\_\_

**Food Allergy (Please check as appropriate):** \_\_\_\_Touch \_\_\_\_Ingestion \_\_\_\_Aromatic

**Medications Supplied for Emergencies (identify all medications you are supplying for an allergic reaction):**

Name and Dosage \_\_\_\_\_

Name and Dosage \_\_\_\_\_

Name and Dosage \_\_\_\_\_

**Emergency Contacts**

1. \_\_\_\_\_  
Name Relationship Contact Phone Number

2. \_\_\_\_\_  
Name Relationship Contact Phone Number

I, \_\_\_\_\_, (parent/guardian name) give permission for a Skyliners coach, Skyliners team volunteer, medical personnel or other designated adult to administer the above mentioned medicine(s) in the event that they believe \_\_\_\_\_ (skater's name) has had an allergic reaction. I further release and agree to hold harmless the Skyliners Synchronized Skating Team, Inc., as well as anyone who acts according to or attempts to act according to this Emergency Care Plan from any liability, damages or harm of any kind arising out of or relating to any Emergency Care provided.

I HAVE ATTACHED AN ALLERGY ACTION PLAN FROM A PHYSICIAN.

Initial Here: \_\_\_\_\_ Not Applicable \_\_\_\_\_

**THIS IS REQUIRED:** Please keep a copy of this form with all medication.

Parent/Guardian Name (or Skater if 18 years old or older) Relationship Date

Parent/Guardian Signature (or Skater if 18 years old or older) Contact Phone Number