

KETTLE MORAINÉ CURLING CLUB PERMISSION SLIP
FOR JUNIOR/HIGH SCHOOL STUDENTS FOR EVENTS
OUTSIDE OF THE CLUB

DATE _____

EVENT _____

CURLING CLUB/CITY _____

HOTEL OR FAMILY STAYING WITH _____

ADDRESS _____

1. If emergency medical attention is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician.

INSURANCE GROUP/SUBSCRIBER NUMBERS _____

2. If you son/daughter has any medical disability, allergies, medication requirements, etc., please list them below. PLEASE BE COMPLETE AND SPECIFIC.

3. EMERGENCY CONTACTS:

NAME _____ RELATION _____

PHONE _____

NAME _____ RELATION _____

PHONE _____

_____ (student's name) has my permission to drive with

_____ (driver's name) to attend the above mentioned event.

My child ___ may ___ may not go with driver/coach on non-bonspiel activities without specific permission for that activity.

Parent's signature _____ Date _____

