



Permission Slip

***Mrs. Martinez (ETMS staff) will be leaving Alpine Valley Ski Resort at 8pm. Please be sure to pick up your child by this designated time.**

***I will be near the exit of the main lobby checking out students from 7:45-8:00 pm.**

***This permission slip & payment is due on the designated due date!**

#1 I grant permission for my student to attend the E.T.M.S. Ski Club trip to Alpine Valley Resort after school on: **December 19, January 4, January 11, January 16, January 23, January 30 (circle the date).** I understand that my child is required to wear his/her own helmet or rent a helmet from Alpine Valley Ski Resort.

Please print student's first & last name

Parent/Guardian Signature

#2 Medical Consent Form:

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray exam, and immunization for the student named below. In the event of serious illness, the need for major surgery, or significant injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the student named below may be given. Permission is also granted to the Emergency Medical Personnel to provide the needed emergency treatment to the student prior to admission to medical facilities.

Student Name _____

Signature of Parent or Guardian _____

Parent Phone Number 3:30-8:00PM _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

Any medical needs you want us to know about: _____