

**2010-11 KILLINGTON FIRST TRACKS & FRIENDLY PENGUIN PROGRAM**  
**EMERGENCY MEDICAL/DENTAL AUTHORIZATION**

In the event of a medical, dental or other health care emergency requiring treatment, surgery or the administration of other medical/dental services, permission is granted by

\_\_\_\_\_, who is the parent and/or guardian of

\_\_\_\_\_, to the staff of Killington/Pico Ski

Resort Partners, LLC (hereinafter "Killington Resort & Pico Mountain") to act on his/her behalf should attempts to contact the afore-named person(s) be unsuccessful.

Permission is granted for a doctor, dentist and any other health care provider to administer anesthesia, and/or perform any diagnostic, emergent, surgical or curative remedial procedure he/she deems necessary or advisable for the care and treatment of the above-named child. Pursuant to confidentiality laws and requirements such as HIPAA, I also hereby authorize any such provider to share with Killington Resort & Pico Mountain any medical, dental and other health care information for the purpose of rendering such care and treatment.

***In executing this authorization, parents should be aware that not all medical providers necessarily honor the intentions of this authorization, no matter how diligent Killington Resort & Pico Mountain or its staff may be.***

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or Gurdian: Please Print Name

***\*\*\*Please be sure you have read and signed both sides of this form\*\*\****