

2011-12 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. I understand and acknowledge that as parent/guardian of the minor child I remain fully responsible for all costs of treatment and transportation .

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 Guardian: Please Print Name

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