



# WinterClub Indoor Ski & Snowboard

• 2950 Aloma Avenue • Winter Park, Florida • Phone 407-671-2277 [www.WinterClubSki.com](http://www.WinterClubSki.com)

## Allergy and Medication Consent Form

Camper's Name: \_\_\_\_\_

Medical Condition requiring assistant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergic reaction medication is to be kept in office with instruction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have Asthma

Yes ☐

No ☐

If the answer is yes, one inhaler with instructions is to be provided to the office.

I completely release WinterClub Ski & Snowboard, and its Members, officers, **employees and volunteers, collectively known as "indemnities"**, of medication (s) listed in this form as well as any emergency measures taken in relation to administering this medication and measures taken allowed by parent to be administer as a remedy of allergic reaction. I also agree to indemnify and hold harmless the foregoing indemnities, from any claim, liability, loss or expense including reasonable **attorney's fees, suffered by any of the indemnities and arising out of a claim related directly or indirectly** to administration of the above referenced action.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Emergency Contact Numbers: \_\_\_\_\_