

## Permission for Emergency Care

**Full Potential Adventures, Inc.**  
**3580 S 27 RD, Boon, MI 49618 (231) 775-3876**  
[www.fullpotentialadventures.org](http://www.fullpotentialadventures.org)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_ feet \_\_\_\_ inches Weight \_\_\_\_\_ pounds

Parent/Guardian Name (if under 18): \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance Information/ID# \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for  
signature  
emergency care to be sought and/or given to myself or the above named individual in the event  
that I cannot be contacted or am incapacitated during Full Potential Adventures ski nights  
between December 1, \_\_\_\_\_ and March 31, \_\_\_\_\_.  
Year Year

Signature: \_\_\_\_\_