FORD SAYRE MEMORIAL SKI COUNCIL, Inc.
EMERGENCY INFORMATION

Participant's Name _____Date of Birth_____/_____/____
Last First MI

Home Address_____

EMERGENCY CONTACTS

Parent/Guardian #1_____ Parent/Guardian #2_____

Home Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Work Phone: (_____)_____

Cell Phone: (_____)_____ Cell Phone: (_____)_____

Alternate Emergency Contact
(other than parents/guardians)_____

Relation_____ Home Phone: _____ Work/Cell Phone:_____

PRIMARY CARE PHYSICIAN

Physician Name _____ Phone (_____)_____

MEDICAL INFORMATION

Allergies _____ Medications _____

Medical Conditions/Limitations _____ Last Tetanus ____/_____/____

INSURANCE INFORMATION

Insurance _____Policy Holder_____

ID/POLICY #_____ Phone Number (_____)_____

PERMISSION TO TREAT & TO RELEASE THIS EMERGENCY HEALTH INFORMATION FORM IN EMERGENCIES

I hereby give consent for the Ford Sayre Memorial Ski Council, Inc./Team Director or health care provider(s) considered appropriate by him/her to carry out accepted procedures for diagnosis, immunization, medical and minor surgical treatment, or counseling for my (son/daughter/ward). Should an emergency arise in which time is an important factor and the Ski Council's/Team's authorities are unable to contact me promptly, I authorize an attending physician, Ski Council/Team official and/or health care provider to exercise their best judgment in the interest of my child's welfare, I also give permission for this Emergency Health Information Form to be released to those Ski Council/Team personnel or appropriate health care providers who may need this information in order to treat my son/daughter/ward in a medical emergency.

Signature of Parent or Guardian_____ Date____/_____/_____