Print Form

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 _____

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____/_____/_____