

TANTASQUA REGIONAL HIGH SCHOOL SKI - SNOWBOARD CLUB

Confidential Medical Information (please print)

Student Name _____ **Age** _____

Address _____

Home Phone Number _____
Cell Phone Number _____

Father's Name _____

Mother's Name _____

Contact Info (if different)
Address _____

Contact Info (if different)
Address _____

Home Phone Number _____
Cell Phone Number _____

Home Phone Number _____
Cell Phone Number _____

Emergency Contact #1 (other than home & parents)

Emergency Contact #2 (other than home & parents)

Name _____
Home Phone Number _____
Cell Phone _____

Name _____
Home Phone Number _____
Cell Phone Number _____

Insurance Company _____

Plan Number _____

Insurance Co. phone number _____

Group Number _____

Primary Care Physician _____
Address _____

Phone Number _____

Dentist name and phone number _____

Known Drug Allergies _____
_____ **Last Tetanus Received** _____

Medications currently being taken _____

History of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions _____

Physical restrictions _____
Other conditions _____

I do hereby grant my permission to the Mountain Ski Patrol staff members and/or any hospital staff members to treat and/or medicate my child for injuries or illness.

I also grant permission for the Tantasqua chaperone representative to authorize such treatment in the event that I cannot be contacted in a timely fashion.

(parent or guardian)

(date)