

**Tantasqua Regional Jr High School Ski-Snowboard Club**  
**Confidential Medical Information (please print and return)**

Grade:  
Bus #:

For Office Use Only

**Student Name** \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_

Contact Info (if different)

Contact Info (if different)

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Emergency Contact #1 (other than home and parent)**

**Emergency Contact #2 (Other than home/parent)**

Name \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

Plan # \_\_\_\_\_

Insurance Co. phone # \_\_\_\_\_

Group # \_\_\_\_\_

**Primary Care Physician** \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Dentist Name and Phone #** \_\_\_\_\_

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)

\_\_\_\_\_  
(parent/guardian print name)