

DUDLEY MIDDLE SCHOOL SKI - SNOWBOARD CLUB

Confidential Medical Information

(Please Print)

Student Name _____ DOB & Age _____

Address _____

Home Phone _____ Cell Phone _____

Father's Name _____ **Mother's** Name _____

Contact Info (if different)

Address _____

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 _____ Phone Number _____

Address _____

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 permission to the Dudley Middle School chaperone representative, Mountain Ski Patrol staff members, Ambulance and/or Hospital staff members to provide urgent care and/or medication to my child in case of injuries or illness in the event that I cannot be contacted in a timely fashion.

Parent or Guardian _____ Date _____