

Greek Peak Ski Club
EMERGENCY HEALTH INFORMATION FORM
2005-2006

This form constitutes a permission statement that must be signed by a parent or guardian, and returned to the Greek Peak Ski Club secretary. All of the information on this form is confidential and will be used only for the purpose of evaluating your son's/daughter's health status and facilitating medical diagnosis, care, and/or treatment for him/her or in the processing of insurance claims in connection therewith.

SKIER'S Name _____ Date of Birth ____/____/____
Last First MI

Home Address _____ SSN: _____ - _____ - _____

EMERGENCY CONTACTS

Mother's Name _____ Father's Name _____

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

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

Alternate Emergency Contacts (other than parent(s)) _____

Relation _____ Home Phone: (____) _____ Work 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 SUMMARY HEALTH FORM IN EMERGENCIES

I hereby give consent for the Greek Peak Ski Club head coach or health care provider(s) considered appropriate by him 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 club's authorities are unable to contact me promptly, I authorize an attending physician, ski club official, and/or healthcare provider to exercise their best judgement in the interests of my child's welfare.

I also give permission for this Emergency Health Information Form to be released to those Greek Peak Ski Club 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 ____/____/____