

# Alyeska Ski Club Emergency Medical Information and Consent Form

Athlete's Name _____	Date of Birth _____	M	F
		Sex	
Parent's/Guardian's Name ( ) _____	Parent's/Guardian's Name ( ) _____	( ) _____	( ) _____
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____	Address _____		
City, State, Zip _____	City, State, Zip _____		

## Alternative Emergency Contacts

Primary Emergency Contact - Relationship ( ) _____	Secondary Emergency Contact - Relationship ( ) _____	( ) _____	( ) _____
Home Phone _____	Work/Cell Phone _____	Home Phone _____	Work/Cell Phone _____

## Insurance Information

Primary Health Insurance Provider/Policy Holders Name _____	Primary Insurance Policy Number/Group ID Number _____
Secondary Travel Insurance Provider/Policy Holders Name _____	Secondary Insurance Policy Number/Group ID Number _____

## Medical Information (Use additional sheet if necessary)

Blood Type _____	Date of Last Tetanus Booster _____
Allergies/Special Health Considerations	
_____	
_____	
_____	
_____	
_____	
_____	
Recent Surgeries, Broken Bones, Concussion	
_____	
_____	
_____	
_____	
Over-the-counter or Prescription Drugs Taken Regularly	
_____	
_____	

### Consent for Treatment

*In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, Covid-19 testing, the use of an ambulance, x-ray or laboratory, the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. In addition, I hereby agree to be financially responsible for the cost of said treatment.*

Parent's/Guardian's Signature _____	Date _____
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