

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 _____