

Middlebury Ski Club Medical Information Sheet

Skiers' Name(s): _____

Address: _____

City/State/Zip: _____

Date of Birth: ___/___/___

Parent / Guardians' Name: _____

Home phone: _____ Work phone: _____

Insurance Company and Policy Number: _____

Okay to give? Advil: _____ Tylenol: _____

Physical Problems or Restrictions: _____

Is skier currently on any medications: Yes _____ No _____

Please list: _____

Allergies: _____

Date of last tetanus shot: ___/___/___

Permission for Treatment

In case of injury during an activity with the Middlebury Ski Club, I hereby consent to have the above named skier examined and, if required, to be treated by a physician or hospital. I understand that in the case of injury, the Middlebury Ski Club will make every effort to contact me prior to taking the skier to a physician or hospital. In the event that I cannot be notified, the Middlebury Ski Club and its representatives have my permission to take appropriate steps to ensure the safety and well-being of my child.

I, the Parent or Guardian of the above named children, give The Middlebury Ski Club and authorized personnel, permission to sign for treatment in case of accident or injury.

Parent or Guardian signature: _____ Date: ___/___/___