

## Middlebury Ski Club Medical Information Sheet

Skiers' Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent / Guardians' Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Skier Information

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_

Check off if you do not want: Advil: \_\_\_\_\_ Tylenol: \_\_\_\_\_

Physical Problems or Restrictions: \_\_\_\_\_

Is skier currently on any medications: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### 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 \_\_\_\_\_, give The Middlebury Ski Club and authorized personnel, permission to sign for treatment in case of accident or injury.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_