

Cedar Grove Youth Ski Trip

EMERGENCY MEDICAL FORM

Participant: _____

Address: _____

Home phone: _____ Email address: _____

Emergency phone: _____ Date of birth: ____/____/____

Parent/guardian name (s): _____

Is participant covered by medical insurance? YES NO

Insurance carrier - Company: _____ Policy#: _____

Blood type (if known): _____

Is participant on any medication? YES NO

Type, dosage, etc. _____

Does participant have any respiratory ailments? E.g. asthma? If Yes, type below. YES NO

Does participant have any allergies? If Yes, type below. YES NO

Are there any medications that participant **CANNOT** take? If Yes, type below. YES NO

State all other information that emergency care personnel should know

Participant's Physician : Dr. _____ Tel # _____

In the event of a medical emergency, I grant Steve Sinisi or Jack Koch authority to obtain emergency medical treatment for above named participant.

_____/_____/_____
Date Parent/Guardian's Signature

NOTE: Return this form to Recreation Department