



**Health Information & Emergency Contact Form
High School / Middle School Ski Team**

Athlete Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip

Parent/Guardian Name(s): _____

Home Phone: _____ Athlete cell: _____

Mom cell: _____ Dad cell: _____

Mom work: _____ Dad work: _____

Emergency Contact other than parent/guardian
Name/phone/relation to athlete: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____ Insurance I.D./Group #: _____

Name of Policy Holder: _____

List ALL health concerns for above name athlete and any special care instructions (ex:
asthma/inhaler, diabetes, cardiac drugs, cancer, allergies):

In case emergency care is needed, I, hereby give my consent for the Bay Nordic Ski Team coaching/volunteer staff to obtain medical treatment for my son/daughter in my absence.

Parent/Guardian Signature

Date

This form will remain in effect for one year from date signed, unless, revoked by signee prior to that date.