



PRINCE GEORGE SKI CLUB
EMERGENCY MEDICAL INFORMATION

Athlete Name _____

Care Card Number _____

Family Physician _____ Phone Number _____

Other Medical Ins. Number _____

Allergies/Medication Taken Regularly/Medical conditions that coach should be aware of: _____

History of previous injuries which may recur or be aggravated by ski racing or dryland training:

I am satisfied that _____ is in good health and has permission to participate in training and racing in club/provincial/national class events.

In case of emergency, if the undersigned cannot be reached, I hereby authorize Alice Muirhead &/or Chris Campbell to give instructions related to medical treatment of _____ either by our family physician or, if our family physician is not available, by another qualified licensed physician who is available.

Name of Parent/Guardian

Parent Signature

Date