



Mt Abram Race Program

***ATHLETE MEDICAL DISCLOSURE & EMERGENCY MEDICAL RELEASE
2009-2010***

PERSONAL INFORMATION AND MEDICAL DISCLOSURE

Athlete Name: Birth Date: _____

Personal Physician's Name: Phone: _____

Medical Problems/History: _____

Allergies: _____

Current Medications: _____

Medical Insurance Company: Phone: _____

Policy Number: _____

EMERGENCY MEDICAL RELEASE

In the event of an emergency requiring treatment, surgery or the administration of other medical services, permission is granted by _____, who is the parent and/or guardian of _____, to the staff of the Mt Abram to act on his/her behalf should attempts to contact the above named person(s) prove to be unsuccessful. Permission is granted for a doctor to perform any diagnostic procedure, anesthetic, operation, or curative remedial procedure they deem necessary or advisable for the care and treatment of the above named skier athlete.

Consent: I, parent/guardian of participant, hereby grant permission, in case of injury, to have a physician or other medical personnel, provide medical assistance and/or treatment to said athlete.

Parent/Guardian Signature: _____

Date : _____