

UASC Medical Emergency Form 2014-15

Skater name: _____ Birth Date: _____ M/F

Address: _____

Street Town State Zip: _____

Phone: _____ email address: _____

Parent(s) or Emergency Contacts:

Primary contact

Secondary Contact

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home phone: _____

Home Phone: _____

Work phone: _____

Work Phone: _____

Cell phone: _____

Cell Phone: _____

Medical Information

Allergies: _____

Medical conditions: _____

Medications: _____

Physician: _____

Dentist: _____

Phone: _____

Phone: _____

Insurance details: _____

(Insurance company & ID #)

In a medical emergency I authorize UASC to contact the emergency contact for the above named skater. If unable to reach any of the listed emergency contacts, I authorize the Club to make necessary arrangements to deal with the emergency.

Parent/skater signature _____ Date: _____

(Parent if skater under 18 years or age)

Parent signature _____ Date: _____