

Burnsville - Minnesota Valley Figure Skating Club

MEDICAL/EMERGENCY FORM

Skater: _____
Street _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Skater's email: _____

Mother's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Father's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Emergency Contact other than parent: _____
Phone: _____
Cell Phone: _____

Physician's Name: _____
Phone: _____

Dentist's Name: _____
Phone: _____

Orthodontist's Name: _____
Phone: _____

Preferred Hospital: _____
Preferred Urgent Care: _____

Medical Insurance Company: _____
ID # _____

Medical Conditions: _____
Allergies: _____
Medications: _____

In case of an emergency, you have my permission to give emergency treatment and transport my child to an appropriate medical family. I am responsible for all expenses resultling from emergency treatment and/or transport.

Signature: _____ Date: _____