

VERNON PARKS AND RECREATION DEPARTMENT
Berkshire East Ski Program
Medical Form

PARTICIPANT INFORMATION:

Name: _____ Home Phone: _____
Address: _____
Birth Date: _____ Age: _____ Grade: _____ Cell Phone: _____
Insurance Company: _____ Policy #: _____
Parent/Guardian Name: _____ Home #: _____ Cell #: _____

EMERGENCY INFORMATION

Allergies, Medications or Medical History we should be aware of: _____

Name (other than parent/guardian): _____ Relation: _____
Home Phone: _____ Cell Phone: _____

MEDICAL PERMISSION

I, _____, hereby give my consent to any or all chaperones to call
(Parent/Guardian Name)
_____ at _____ or take my child
(Doctor's Name) (Doctor's Phone #)
_____ to the nearest hospital for treatment should an emergency arise.
(Child's Name)
I, _____, accept responsibility as a parent/ guardian of the child to pay
(Parent/Guardian Name)
the medical charges. I, _____, can be reached at this number
(Parent/Guardian Name)
_____ in case of an emergency.
(Phone Number)

(Parent/Guardian Signature) (Date)