

MEDICAL INFORMATION CARD

Dear "Select Pass" Member, Parent or Guardian:
Alpine Valley is requesting that you complete the information on this card as our concern is for your safety or that of your child. Should an emergency arise, every effort will be made to contact the person listed below regarding the emergency.

Please print information:

Select Pass member's name:

First	Middle	Last
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Birth Date:

Month	Day	Year
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Preferred Hospital: _____

Physician: _____

Phone #: _____

Dentist: _____

Phone #: _____

Special instructions (allergies, etc.):

Parent/Guardian/Contact Name:

Day Phone #: _____

Evening Phone #: _____

Alternate Contact Person:

Day Phone #: _____

Evening Phone #: _____

If my child requires treatment by a doctor, ambulance or other hospital personnel and the parties above cannot be contacted, permission is hereby granted for such treatment.

Yes No

Signature of Parent or Guardian Date