

## 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

Birth Date:

\_\_\_\_\_  
Month Day Year

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

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**Alpine Valley**  
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Snowline 440.729.9775  
[www.alpinevalleyohio.com](http://www.alpinevalleyohio.com)

**SELECT  
PASS  
2008 SEASON**

Alpine Valley

