

MEDICAL INFORMATION CARD

Dear "Snow Fun 2006" 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 who is enrolled in the "Snow Fun 2006" program. Should an emergency arise, every effort will be made to contact the person listed below regarding the emergency.

Please print information:

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#: _____

Night Phone#: _____

Alternate Person:

Day Phone#: _____

Night 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