

**TOPS Middle School SnowSports Program—2011  
Emergency Medical Form**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

**I understand that there must be an emergency contact person available on Friday ski nights and the all-day ski day. The person to be contacted will be the parent/guardian unless the TOPS SnowSports program coordinator is contacted and given the name of an alternate emergency contact person.**

In case of emergency the TOPS SnowSports Program chaperone may contact me at:

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Alternate emergency contact person \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

If contact cannot be made, the TOPS SnowSports Program chaperone has my permission to seek emergency medical care for my child.

Medical Insurance Company: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A TOPS chaperone may give my child Tylenol as needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any medical concerns that the chaperones should know about your child:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_