

WOODS VALLEY ALPINE SKI RACING FOUNDATION, INC.

Medical Information Sheet

2019-2020 SEASON

Racer Name		Racer Age
Date of Birth	USSA#	Telephone
Address		
City, State, Zip		

Mother's Name
Address/Phone if other than above:
Father's Name
Address/Phone if other than above:

Emergency Contact
Address/Phone

Health Insurance Carrier	Policy or Group Number
Is racer currently taking any medications? If so, explain below:	
Any known allergies? If so, explain below:	
Is the racer up to date on all immunizations, as required by NYS Dept. of Education? Yes <input type="checkbox"/> No <input type="checkbox"/> (please initial)	

Authorization for Third Party :

I/we, the undersigned, parent(s)/person having legal custody/guardianship of: _____

a minor, do hereby authorize the Woods Valley Alpine Ski Racing Foundation, Inc. as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgement deem advisable.

I/we hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my/our above named agent(s) upon completion of treatment.

These authorizations shall remain effective until April 30, 2020, unless sooner revoked in writing delivered to said agent(s).

Signature of parent(s)/legal guardian(s)/person(s) having legal custody:

_____ Date _____

_____ Date _____