

Medical Information for Trips

The following emergency information is submitted to aid medical personnel, as well as the Huntsville Ski Club trip leader, in dealing with any medical emergency that should arise during this trip. It is understood that I may seal this information in an envelope and provide this envelope to the trip leader and this envelope will not be opened unless I am personally unable to communicate with medical staff. If you want your trip leader to have this information, return it in a separate sealed envelope with your name/address/stamp on it. This form will be returned to you after the trip if it is not used in an emergency event.

NAME: _____

Home Address: _____

On-Site Emergency Contact: _____

Relationship: _____

Home Emergency Contact _____

Relationship: _____

Phone Number(s): _____

Chronic Conditions (high blood pressure, diabetes, etc.) _____

Medications (prescription, non-prescription, herbal and dietary supplements): _____



Allergies (drug, food, other like bee sting or latex): _____

Insurance Company: _____ **Policy Number:** _____

Contact Phone Number: _____

I attest that this information is accurate and that I have granted permission to Huntsville Ski Club to share it with medical personnel if I am personally unable to do so.

Signature: _____ **Date:** _____