



Medical Emergency Reference Form

Skater Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Mother's Name _____ Work Ph _____ Cell Ph _____ Pager _____
 Father's Name _____ Work Ph _____ Cell Ph _____ Pager _____
 Emergency Contact (If parents can't be reached)
 Name _____ Phone _____
 Doctor _____ Phone _____
 Dentist/Orthodontist _____ Phone _____
 Hospital Preference _____
 Medical Insurance Co.: _____ Policy # _____

Pre-existing conditions:

Contact Lens	<input type="checkbox"/> yes <input type="checkbox"/> no	Asthma	<input type="checkbox"/> yes <input type="checkbox"/> no	Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no
Allergies	<input type="checkbox"/> yes <input type="checkbox"/> no	Please specify			

Other conditions _____

Please state any additional health-related information that you feel would be pertinent for a rescue team to know:

In the event of a serious injury or illness and I cannot be reached, I hereby authorize the doctor or treatment center listed above to treat my child. If necessary, an ambulance may be called. Cost of the ambulance is my responsibility.

Signature of parent or guardian: _____ Date _____

Is anyone in your family certified for CPR and/or First Aid? yes no Please list their name and certification on the back of this form.

CONSENT FOR MEDICAL ATTENTION OR TREATMENT
shall be binding and effective for the 2011-2012 membership year of St. Paul Figure Skating Club.

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the St. Paul Figure Skating Club and the facility the activities are taking place in and their staff and to members of the St. Paul Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Name of 1st minor child member (please print) _____ Name of 2nd minor child member (please print) _____

Name(s) of Parent(s)/Guardian(s) _____
(please print)

1st Parent/Guardian Signature _____ Date _____

2nd Parent/Guardian Signature _____ Date _____

Name of Adult Member _____
(please print)

Adult Member Signature _____ Date _____

Complete and mail to SPFSC, P O Box 296, Deerwood MN 56444 or put in Club Locker. Thank you.