

**Lyon Ski School/Dave Lyon Race Camps: Medical Information Form and Permission to Treat**

Athlete's name: \_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

Describe any current medical condition (s) or special medications, and allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any recent injuries including but not limited to head injury/concussion within the past 12 months:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Medical Insurance Company: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Medical Release:**

We do hereby authorize any licensed physician and/or responsible staff member of any hospital in any state to administer whatever treatment of \_\_\_\_\_ (athlete's full name). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction of such physician or hospital staff person. This release is valid from June 1, 2013 through May 31, 2014. Every attempt will be made to contact parents or a legal guardian of athlete in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment.

You have my consent to treat \_\_\_\_\_ (athlete) in an emergency situation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name (please print): \_\_\_\_\_