

**Lake Minnetonka Figure Skating Club
2010-11 Medical Emergency Reference Form**

Please complete and return this form with your membership application. Copies of this information will be kept at the arena. A copy will also be kept in Windjammer team information in case of an injury or an emergency. **Please Print Clearly.**

Skater Info

Name: _____ DOB _____ Gender: M F
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Mother's Name: _____ Work #: _____ Cell #: _____
Father's Name: _____ Work #: _____ Cell #: _____

Emergency Contact info

Contact (if parent cannot be reached): _____ Phone: _____
Relation to Skater: _____ Cell #: _____
Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Orthodontist _____ Phone: _____
Hospital Preference: _____
Medical Insurance Co: _____ Policy/Group _____
Policy Holder: _____ Employer: _____

Medical History

Pre-existing conditions: _____
Contact Lenses: yes ___ no ___ Allergies: Yes ___ No ___
Diabetic: Yes ___ no ___ Allergy to Penicillin: Yes ___ No ___
Asthma: Yes ___ no ___ Seizure Disorder: Yes ___ No ___
Date of last tetanus booster _____ Orthodontic Apparatus: Yes ___ No ___
Please clarify any "Yes" above
Allergies: _____
Other medical concerns: _____

Please list any additional health related information that you feel would be pertinent in case of an emergency:

Please list any medications (including over the counter, non prescription drugs &/or supplements) taken routinely, dosage and frequency.

In case of a serious accident or illness and I cannot be reached, I hereby authorize the doctor or treatment center listed above to treat my child, _____
(Please list skater's full name). If traveling as an LMFSC member, I authorize the chaperones and/or coaches to take my child to the nearest medical facility. The medical facility and its medical staff have my permission to provide treatment that a physician deems necessary for the well being of my child.

Signature of parent/guardian: _____ Date: _____

Please attach a copy, front and back, of the skater's insurance card.