

**CRESCENT SKI TRIPS
MEDICAL INFORMATION**

The following emergency information is submitted to aid medical personnel, as well as Crescent Ski Council (CSC), its contracted travel agency, and Authorized Club Trip Directors, in dealing with any medical emergency that should arise during this trip. It is understood that no one will open my sealed envelope unless I am personally unable to communicate with medical staff.

Name: _____

Home Address: _____

On-Site Emergency Contact: _____

Relationship: _____

Home Emergency Contact: _____

Relationship: _____

Phone Number(s): _____

Chronic Conditions (such as high blood pressure, diabetes, etc.):

Allergies:

Any prescription or non-prescription medications taken that may be important to medical staff: _____

Insurance Company: _____

Contact Phone Number: _____

I attest that this information is accurate and that I have granted permission to CSC, its contracted travel agency, and Authorized Club Trip Directors to share it with medical personnel if I am personally unable to do so.

Signature: _____ **Date:** _____