

# Okemo Mountain Resort Competitions Center Summary Health Form

This form constitutes a permission statement that must be signed by a parent or guardian. It must be returned as soon as possible to Okemo Mountain School. All of the information in this form is confidential and will be used only for the purpose of evaluating your child's health status and facilitating medical diagnosis, care, and/or treatment for him/her and in the processing of insurance claims in connection therewith.

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

SSN: \_\_\_-\_\_\_-\_\_\_

## EMERGENCY CONTACTS

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact (other than parents) \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Physician's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_  
(Must be within 2 years)

Medical conditions/Limitations: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

ID/Policy number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## PERMISSION TO TREAT & TO RELEASE SUMMARY HEALTH FORM IN EMERGENCIES

I hereby give consent for the Director of the Okemo Mt. Competitions Center/Headmaster of Okemo Mountain School or health care providers considered appropriate by him/her to carry out accepted procedures for diagnosis, immunization, medical and minor surgical treatment, or counseling for my son/daughter/ward. Should an emergency arise in which time is an important factor and the program authorities are unable to contact me promptly, I authorize the program physician, Headmaster, or program officials to exercise their best judgment in the interests of my child's welfare.

I also give permission for this Summary Health Form to be released to those Okemo Mt. Racing Program and Okemo Mountain School personnel or other appropriate health care providers who may need this information in order to treat my son/daughter/ward in a medical emergency.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_