

ATX Winterguard Emergency Contact and Medical Information Form

Please PRINT all information clearly and legibly

Member's Name _____		Date of Birth _____	M	F
			Sex	
Parent's/Guardian's Name (if Member is under 18) † _____				
() _____	() _____	() _____	() _____	
Home Phone	Work or Cell Phone	Parent/Guardian Phone	Parent/Guardian Work Phone	
Address _____		Parent/Guardian Address _____		
City, ST ZIP Code _____		Parent/Guardian City, ST ZIP Code _____		
Social Security Number (required by medical personnel for treatment) _____		† Bold sections must be completed by a parent or guardian if performer is under 18 years of age.		

Alternative Emergency Contacts

Primary Emergency Contact/Relationship _____		Secondary Emergency Contact/Relationship _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ **Phone Number** _____

Is the performer covered by a health or accident insurance policy? ____ Yes ____ No

Insurance Company _____ **Policy Number** _____

Allergies/Special Health Considerations _____

Does the performer wear contact lenses? ____ Yes ____ No

May the performer take aspirin? ____ Yes ____ No ibuprofen? ____ Yes ____ No

Is the performer allergic to any medication, food, insect bites, etc? ____ Yes ____ No *IF YES, please indicate below:*

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment only in the event that neither emergency contact can be reached during an emergency. I accept all responsibility and liability for any occurrence during this performer's participation with ATX Winterguard.

Member's Signature or Parent/Guardian's Signature † _____	Date _____
Witness Signature _____	Date _____