

**7th Grade SKI TRIP
Emergency Health Form**

Dear Parents,

The chaperones expect the ski trip to be fun for all, but likewise, know that during the three days, illness or accidents are possible. For this reason, we need to have the following information, should your child become ill or injured.

Please complete, sign, and return to the School Office.

Student: _____

Mother: _____ Cell# _____ Home# _____ Work# _____

Father: _____ Cell# _____ Home# _____ Work# _____

If neither parent can be reached, please call:

Name: _____ Phone#(s): _____

STUDENT HEALTH INFORMATION

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

PRESCRIPTION/OTC MEDICATIONS*: _____

**Students are NOT permitted to carry their own prescription/OTC medications on this trip.*

The only exception is an asthma inhaler.

OTHER HEALTH INFORMATION (In Case of Emergency): _____

INSURANCE INFORMATION

Name of Company: _____ Policy# _____

Name of Subscriber: _____

In case of an accident or serious illness during this ski trip, I request West Tisbury School personnel, or their appointees, to obtain for my child, _____, whatever medical attention seems appropriate, until I can be reached.

Parent/Guardian Signature: _____ Date: _____