Union Arena Skating Club

Medical and Emergency Contact Form

Please complete all fields to ensure accurate identification and prompt communication.

· Skater's Name: _____Date of Birth: _____

· Address: _____

· City: _____ _____State/Province: _____

· Parent/Guardian 1 Name: _____

· Phone Number: _____

· Email Address: _____

· Parent/Guardian 2 Name: _____

· Phone Number: _____

· Email Address: _____

Please provide information for at least one person to be contacted in case of an emergency.

· Primary Emergency Contact Name: _____

· Relationship to You: _____

· Phone Number: _____

· Secondary Emergency Contact Name: _____

· Relationship to You: _____

· Phone Number: _____

This section helps medical professionals provide appropriate and timely care.

· Primary Physician Name: _____

· Primary Physician Phone Number: _____

· Dentist Name: _____

· Dentist Phone Number: _____

· Medical Insurance Provider: _____

· Insurance Policy Number: _____

Please indicate any significant medical conditions and history.

· Allergies (including medication, food, environmental):

  _____

· Current Medications (name, dosage, frequency):

· _____

· Chronic Illnesses (e.g., diabetes, asthma, hypertension):

· _____

· Past Surgeries or Hospitalizations:

· _____

· Physical or Mental Health Conditions:

· _____

Please read and indicate any special considerations.

· Do you consent to emergency medical treatment?

· [ ] Yes   [ ] No

· Preferred Hospital or Medical Facility:

· _____

· Religious or Cultural Considerations:

· _____

· Special Instructions for Emergency Responders:

· _____

By signing below, you affirm that the information provided is true and complete to the best of your knowledge. You authorize release of this information to medical professionals as needed for emergency care.

· Parent/Guardian Printed Name:_____

· Signature: _____ Date:_____

PHOTO RELEASE FORM

I hereby consent and authorize Union Arena Skating Club to use _____'s likeness in a photograph, video or other digital media, including print or web-based publications.

· Parent/Guardian Printed Name:_____

· Signature: _____ Date:_____