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" health status and facilitating medical diagnosis, care and/or treatment for him/her on in the processing of insurance claims in connection therewith.

Student's Name: _____ Date of Birth: ___/___/___
Last First Middle

Home Address: _____ SSN: ___-___-____

EMERGENCY CONTACTS

Mother's Name_____ Father's Name_____

Home Phone: (___)_____ Home Phone: (___)_____

Work Phone: (___)_____ Work Phone: (___)_____

Alternate Emergency Contacts (other than parents)_____

Relation:_____ Home Phone: (___)_____ Work 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. Racing program 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**:_____