LEHI LEGACY SKI AND SNOWBOARD
EMERGENCY CONTACT INFORMATION
2013

PATIENT INFORMATION			
First Name:	Last Name:	Date:	
Age:	Height:	Weight:	
Home Address:	Mailing Address:	Home #:	Cell #:

EMERGENCY CONTACTS				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	

MEDICAL CONDITIONS IF ANY		
1.	2.	3.
4.	5.	6.

ALLERGIES TO MEDICATIONS IF ANY	
MEDICATION	REACTION

****Information will only be used in emergency****