



2025 Bellevue Ski School ADULT EMERGENCY FORM



Partners in Winter Recreation

Date _____ Ski School Division _____

Name _____ Birthdate _____

Address _____

Home Phone _____ Other/Cell _____

People to call in case of emergency:

Try first: Name _____ relation to you _____

Phone _____ or _____

Then try: Name _____ relation to you _____

Phone _____ or _____

Hospital preference _____

Medical Insurance Company _____

ID or group numbers _____

Any allergies to medication? If so, what?

Taking any medications? If so, what?

Any medical information emergency personnel should know about?

NOTE: Please fill out as completely as possible, and return to Safety VP's. The information you provide will be kept confidential, but will be on the mountain in the Safety Binder each week, in case of emergency need. If you would like to put this form in a sealed envelope, note on the envelope your name, it will be kept sealed unless it is needed in an emergency. Thank you.