



## 2026 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?

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### Taking any medications? If so, what?

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### Any medical information emergency personnel should know about?

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**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.