



**RAYNHAM MIDDLE SCHOOL SKI CLUB**  
**BRIDGEWATER-RAYNHAM REGIONAL SCHOOLS**  
**MEDICAL RELEASE FORM**



**(Form 3)**  
**(2019)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent Cell Phone # \_\_\_\_\_

Emergency Contact Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

A law of the Commonwealth of Massachusetts requires that written consent by a parent/guardian of anyone less than 18 years of age must be obtained before medical care may be administered. Your signature below gives the Ski Club Advisor permission to allow and/or administer medical treatment for your child.

**Medical Conditions:** (If none, please write **NONE**)

\_\_\_\_\_

**Allergies:** (Please list ALL including food, medicine, insects, etc. If none, please write **NONE**):

\_\_\_\_\_

**Medications:** (Include "over the counter" medications your child may need to take on the trip):

\_\_\_\_\_

**Date of Last Tetanus Immunization:** \_\_\_\_\_

**Physician's Name, Address and Phone #:** \_\_\_\_\_

\_\_\_\_\_

**Name and Policy # of Health Insurance:** \_\_\_\_\_

\_\_\_\_\_

**(WE MUST HAVE A COPY OF YOUR CHILD'S INSURANCE CARD - FRONT AND BACK)**

Parent/Guardian Signature

Print Parent/Guardian Name

Date

\_\_\_\_\_