



Siena Catholic Academy
MIDDLE SCHOOL

Siena Ski & Snowboard Club
Emergency Medical Release Form

Student Name _____

Address _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Father's Name _____

Allergies _____

Emergency Contact:

Name _____

Home _____ Cell _____

Relationship _____

Health Insurance Carrier _____

Carrier _____

Policy Number _____

Doctors Name _____ Phone No. _____

Preferred Hospital _____

In the event of a medical emergency, I give Suzanne Colombo permission to seek medical treatment for my child, _____. I will be responsible for any and all medical expenses incurred in the event of any such medical emergency.

Signature of Parent _____ Date _____

Parent Email Address _____