

Emergency and Medical Information

My student has permission to participate in ski trips to Nub's Nob. In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician/dentist, the school may make whatever arrangements deemed necessary. I have told my student that, for their safety, they must pay attention to those in charge, and that they must obey the rules of skiing.

STUDENT NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ PHONE _____

FATHER'S NAME _____ PHONE _____

ALLERGIES _____

MEDICATIONS (Example: Inhaler) _____

PHYSICIAN – DENTIST INFORMATION

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

STUDENTS WEARS GLASSES _____

PARENTS SIGNATURE _____

DATE _____

Keep the bottom portion for your records

Persons in charge: Jeff Cason (906) 360-4895, Leanne Cason (906) 430-1739

Nub's Nob is 10 miles from Harbor Springs: 1-800-SKI-NUBS.