

# Medical Authorization Form

Purpose: To enable parents or guardians to authorize the provision of emergency treatment

for \_\_\_\_\_

their children who are injured or become ill while under the authority of :

\_\_\_\_\_ in the event the parents or guardians cannot be reached.

Name of chaperone

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of

\_\_\_\_\_ recognize the potentially hazardous nature of the sport of

Name of participant

motocross that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed physicians, paramedics, EMTs and/or other medical or hospital personnel to render such treatment. (including relief of pain)

We (I) release the riding facility, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

**Parent or Guardian:** \_\_\_\_\_  
Name Printed Signature Date

**Parent or Guardian:** \_\_\_\_\_  
Name Printed Signature Date

**Family Physician:** \_\_\_\_\_  
Name Printed Address Phone

**Preferred Hospital:** \_\_\_\_\_

**Child's Medical Insurance Carrier:** \_\_\_\_\_  
Name Phone Policy #

**Emergency Contact:** \_\_\_\_\_  
Name Address Phone

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_