

Medical Authorization Form

Purpose: To enable parent(s) or legal guardian(s) to authorize the provision of emergency treatment

for my minor child, _____.
Name of participant

If my child gets injured or becomes ill while under the authority of:

_____ and in the event the parents or guardians cannot be reached.
Name of chaperone

This acknowledges that we (I or my spouse or guardian), the undersigned, are the parent(s) or legal guardian(s) of

_____ recognize the potentially hazardous nature of the sport of Motocross
Name of participant

and that 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 Relationship to Child
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:

