

# MMRT

## Medical Release

Skier Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel, (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to skier

\_\_\_\_\_  
Name Phone Relationship to skier

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetes, Asthma, Seizure Disorder).

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
*Authorized Parent/Guardian Signature*

*Warning: Protective equipment cannot prevent all injuries a skier might receive while participating in ski racing!*

Please mail completed release along with membership application, parent volunteer form, Alpine Release & Waiver for each parent volunteer, and checks (made payable to MMRT) to:  
MICHELE DARNER THOMAS, 203 E. ARCH ST., MARQUETTE, MI 49855

