

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 and checks (made payable to MMRT) to: MICHELE DARNER THOMAS, 203 E. ARCH ST., MARQUETTE, MI 49855