

EMERGENCY MEDICAL TREATMENT RELEASE
Mount Southington Race Team
2016-2017 Season

I, the parent/guardian of the following competitors listed below, give permission for emergency medical treatment of our child/children for illness or accident if we cannot first be contacted.

_____	_____	_____
Competitor Name (Please Print)	Age	Any Known Allergies or other Medical Conditions (use back if needed)

_____	_____	_____
Competitor Name (Please Print)	Age	Any Known Allergies or other Medical Conditions (use back if needed)

_____	_____	_____
Competitor Name (Please Print)	Age	Any Known Allergies or other Medical Conditions (use back if needed)

_____	_____	_____
Competitor Name (Please Print)	Age	Any Known Allergies or other Medical Conditions (use back if needed)

_____	_____	_____
Parent or Guardian Name (Print)	Parent or Guardian Signature	Date

Parent home phone number: _____

Parent cell phone numbers: _____