

EMERGENCY MEDICAL TREATMENT RELEASE
Mount Southington Race Team
2017-2018 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)

Parent or Guardian Name Print)

Parent or Guardian Signature

Date

Parent home phone number: _____

Parent cell phone numbers: _____
