

MUSHER NAME \_\_\_\_\_  
last first m.i.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

PARENT/GAURDIAN \_\_\_\_\_

PHONE \_\_\_\_\_

**ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any chronic diseases such as diabetes, seizures, etc? IF YES, PLEASE EXPLAIN. \_\_\_\_\_

Does your child have any allergies such as asthma, hay fever, etc? IF YES, PLEASE EXPLAIN. \_\_\_\_\_

Is your child on any medication? IF YES, PLEASE LIST MEDICATIONS. \_\_\_\_\_

(A doctor's written authorization is required for us to give medications)

If there is a specific problem, PLEASE EXPLAIN. \_\_\_\_\_

In a time of emergency, if immediate observation or treatment is judged to be necessary by the Jr.T authorities, I authorize and direct those authorities to take the musher (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for any services rendered.

I hereby give my permission for emergency medical treatment needed by my child (name) \_\_\_\_\_ while participating in the Jr. T Sled Dog Race.

\_\_\_\_\_  
MUSHERS SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE OF BIRTH

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_