

MeCTA Medical Emergency Release Form

NOTICE TO ALL RIDERS:

To avoid any unnecessary delays, MECTA recommends that you fill out and sign this form. You should plan to keep a copy of this form accessible to medical personnel in case of emergency.

Name: _____

Soc.Sec.# : _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____

Telephone: _____

Medical Insurance Co.: _____

Policy No.: _____

Member No.: _____

MEDICAL INFORMATION:

Prior Medical History: _____

Allergies: _____

Contact Lenses: _____

Medical Doctor: _____

Telephone: _____

Date of last tetanus shot: _____

Other: _____

NOTICE TO PARENTS AND GUARDIANS:

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the competition, you should consider using this form in conjunction with your child's entry. You should make arrangements for a responsible person accompanying your child to have a copy of this form available to medical personnel if required.

RELEASE FOR AN ADULT RIDER:

If emergency medical care is required for myself and I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

I have read this entire release and agree to it:

Signed: _____

Date: _____

RELEASE FOR A MINOR RIDER:

If emergency medical care is required for :

(child's name) _____
and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature:

(parent or guardian)

Date: _____