



Medical Release Form

Please read and check off the following, fill in and sign where indicated. This document is extremely Confidential and will be returned after posted activity.

I have registered myself, or son/daughter _____ for the YOTC activity.

__ I am or my son/daughter is in good physical and mental health and is able to participate fully in all YOTC activities. I have or she/he has NO medical conditions.

__ I have or my son/daughter has the following medical condition(s). (Please provide more information on the back of this sheet if necessary).

__ I have or my son/daughter has asthma and will have an inhaler with myself or him/her. Please provide more information if necessary.

__ I am or my son/daughter is on the following prescription medications. Please indicate if unable to self-administer these medications, if applicable.

__ (Guardians only) I authorize the YOTC (Youth On Track Cycling) staff to give my child Ibuprofen in the activity if she/he needs it.

Health Insurance Carrier: _____ Group #: _____ Policy # _____

Emergency Contact #1, Name _____ Tel No. _____

Emergency Contact #2, Name _____ Tel No. _____

On this form I have provided comprehensive and accurate medical information about myself or my son/daughter to YOTC. If the Organization is not able to reach myself or the emergency contacts I have provided, I authorize YOTC staff to drive my son/daughter or myself to the nearest emergency room to receive emergency medical treatment.

Parent/Guardian Sign Here

Print Name

Date