



NCYRA MEDICAL RELEASE FORM 2025  
CONSENT TO TREAT MINOR CHILDREN/ ADULTS:

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care determined by the medical staff on site to be necessary for the welfare of my child, my self, or my guests, while said child is participating in a NCYRA event, or I am working, or volunteering in said event. IF I am not reasonably available by telephone, or in a conscious state of mind, to give consent at the time. This authorization is effective from March 1, 2025 to December 31, 2025.

Signature: \_\_\_\_\_

Parent/ Legal Guardian Signature if under 18:: \_\_\_\_\_

Print Name: \_\_\_\_\_

This consent form should be taken with the child, or person, to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Blood Type or Pertinent Information: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_