



NCYRA MEDICAL RELEASE FORM 2024
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, 2024 to March 1, 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: _____