

**EMERGENCY- MEDICAL INFORMATION FORM
MEMORIAL GO-KART INC.**



Information provided on this form will be used in case of emergency and viewed by only the necessary MGK volunteers, Slinger Speedway staff and paramedics involved in treating the racer.

Team #

Racer Name

D.O.B.

Eyewear (circle 1): Glasses / Contacts / None

Primary Doctor

Phone

Known Allergies (*list all*)

Medications (*list all*)

Medical History (such as asthma, seizures, cancer, surgeries, concussions, other)

Emergency Contact #1 Name

Relationship

Phone

Emergency Contact #2 Name

Relationship

Phone

Parent/Guardian (*check all that apply*):

- I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is participating or attending Memorial Go-Kart activities and racing. I also hold harmless Memorial Go-Kart Inc., its directors, organizers, mentors, sponsors, volunteers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities and events.

- We hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the stationed ambulance staff or emergency contact until such time as I may be contacted. This release is effective for the time during which my child is participating in Memorial Go-Kart Racing events. I also hereby assume the responsibility for payment of such treatment if necessary.

- By signing below I certify that I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this release as noted above.

Main Parent/Guardian (print)

Signature

Date