

MUSHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_  
PHONE \_\_\_\_\_

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_

HEALTH INFORMATION

Does your child have any chronic diseases such as diabetes, seizures, etc.? If YES, EXPLAIN.

Does your child have any allergies such as asthma, hay fever, etc.? If YES, EXPLAIN.

Is he/she on medications? If so, what? \_\_\_\_\_  
(A doctor's written authorization is required for us to give medication.)

If there is a specific problem, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a time of emergency, if immediate observation or treatment is judged to be necessary by the Jr. Iditarod authorities, I authorize and direct the authorities to take the musher (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for the payment of any service rendered.

I hereby give permission for emergency medical treatment needed by my child, (name) \_\_\_\_\_ while participating in the Jr. Iditarod Sled Dog Race.

\_\_\_\_\_  
MUSHER'S SIGNATURE

\_\_\_\_\_  
PARENT /GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE OF BIRTH

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 199\_\_\_\_\_

Please return to: **Jr. Iditarod, PO Box 870800, Wasilla AK 99687**