

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**