

New England Motocross Association



PARENTAL PERMISSION FOR GUARDIANSHIP OF MINOR

*This is the property of the event promoters and is only valid for the event as dated.
Must be Notarized*

Event Location: _____ *Event Date(s):* _____

ATTENTION

PARENTS AND LEGAL GUARDIANS

Did you know that if your child has an accident or illness in your absence – except in the case of injuries which threaten life or limb- patients under the age 18 years old must have a parental or legal guardian sign a consent form before treatment can be given in a hospital Emergency Room? You can save time and the concern of the person to whom you entrust the care of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and the last tetanus immunization.

PATIENT CONSENT FORM

Patients full name: _____ Age _____ DOB _____

Home address: _____
Number and Street City, State, Zip

Home Phone Number () _____ Work Phone Number () _____

Cell Phone Number () _____

Religion Preference if any _____ Auto License # _____ State _____

Parent/Guardian Social Security # _____ - _____ - _____ Child Social Security # _____ - _____ - _____

Parent Guardian Full Name _____

Health Insurance _____ Guarantor _____
(Include policy #) (Person carrying the insurance)

Family Medical Doctor _____ Phone () _____

Current Medications _____

Allergies to Medications _____

Pertinent Medical History _____

Last Tetanus Immunization _____

Dentist Name _____ Phone () _____

In the event your efforts to reach me are unsuccessful, I parent or legal guardian, consent to Emergency evaluation, treatment, and or admission to a health care facility as determined by the physician in charge of the care of the above named person

Signature _____ Date _____
(Parent/Guardian)

Signature _____ Date _____
(Named Guardian)

New England Motocross Association



Permission for Guardianship

Event Location: _____ *Event Date(s):* _____

_____ will be standing in as Legal Guardian for
_____ for today's event _____
(Rider's Name) (Name of designated Guardian)

Has my permission to sign all entry forms, waivers and for Emergency Medical Treatment.

Signature of Parent/Legal Guardian _____

Relationship to rider _____

Health Insurance Name _____ Policy Number _____

Notary Public Seal & Signature Required:

State of _____ County of _____ ss.

On this _____ of _____ 2007 before me
personally appeared and granted guardianship for the dates indicated above.

Seal:

Commission expiration date

1-Copy must be given to sign up to keep
1-Copy should be on the guardian for emergency