

OYL Medical Information and Treatment Release Form

Name _____
First MI Last

OYL Number

Medical Insurance Plan _____

Policy Number _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Contact _____

Address _____

City _____ State/Province _____ Zip Code _____ - _____

Phone (_____) _____ - _____ Relationship _____

1) Have you been seriously injured within the past year? Yes No

If YES, please explain: _____

2) Do you have any chronic medical conditions? Yes No

a) If YES, are these controlled by medications? Yes No

b) If YES, list medications: _____

3) Do you have, or have you had, any of the following:

Diabetes Yes No Dizzy or Fainting Spells Yes No

Epilepsy (seizures) Yes No Coronary or Heart Disease Yes No

Palpitations Yes No Abnormal Heart Beat Yes No

Asthma Yes No History of Chest Pain Yes No

Shortness of Breath Yes No Bleeding Disorder Yes No

Head Injury (concussion) Yes No Allergic to Bee Stings Yes No

4) Do you have any other allergies, including allergies to medications? Yes No

If YES, please describe: _____

5) Do you wear contact lenses? Yes No

6) Do you wear dentures? Yes No

7) Blood Type (if known): _____ *List any diseases you carry that are transmittable by body fluids below.*

8) Other conditions not previously mentioned: _____

I hereby certify that the statements made on this form are complete, true and correct to the best of my knowledge. I understand that I have a continuing obligation to report to an officer of the OYL'ers any information of a nature that may affect my ability to compete in OYL events. I further understand that misstatements made on this form may result in revocation of my competition license and/or suspension from OYL events.

I hereby authorize the OYL'ers to release any and all medical information to any medical personnel as deemed necessary for the 2009 season.

The undersigned consents to be given medical services at the scene of the emergency, said scene shall include trackside site of the incident causing the emergency and any first-aid or emergency medical services facility located at the racing facility. The undersigned understands that such medical services will be rendered in accordance with and reliance on various statutes designed to encourage the giving of emergency medical services without liability for civil damages.

I HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING:

Signature _____

Date: ____ / ____ / ____

Parent/Guardian _____
if applicant is under 18

Date: ____ / ____ / ____