

Alaska Nordic Racing
Medical/Dental Release

I _____ parent/guardian of
_____ hereby authorize the coaches and other
adult representatives leading ANR to obtain such medical or dental
treatment for my child as the coach or other representative deems
necessary. This authorization does not include major surgery unless (a) I am
contacted and consent thereto or (b) two licensed physicians concur in the
necessity for such surgery prior to my child's participation in ERNTC/ANR
activities incidental thereto. I also agree to be responsible for the cost of
such medical or dental care.

The following information will be helpful by a hospital or practitioner not
having access to my child medical records.

Allergies _____

Medications currently being taken _____

Date of last tetanus _____

Other pertinent fact to which the physician should be alerted to when
providing care for your child _____

Home number _____ Work number _____

Cell number _____ Medical Insurance Co. _____

Group or policy number _____

Parent/Guardian _____

Date _____