

# Medical Information Form and Emergency Consent

## Chuckanut Raptors Running Club

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Member's Physician: \_\_\_\_\_

Physician Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### Member - Medical Information:

- |   |     |    |
|---|-----|----|
| 1. Are there any limitations related to the member's ability to participate in strenuous physical activity? | Yes | No |
| 2. Is the member currently suffering from or limited by physical injury or medical condition?               | Yes | No |
| 3. Has the member suffered any significant physical injuries in the past year?                              | Yes | No |
| 4. Does the member have any allergies?  | Yes | No |
| 5. Is the member currently taking any prescription medication?  | Yes | No |
| 6. Does the member have any special needs?  | Yes | No |

If you answer "Yes" to any of the above questions, please explain below:

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### Emergency Medical Treatment Consent

I confirm that my child is in good health and able to participate with the Chuckanut Raptors Running Club. I fully understand that the officers and staff of the Chuckanut Raptors Running Club are not physicians or medical practitioners of any kind. With this in mind, I hereby release the Chuckanut Raptors Running Club to render temporary first aid to my child in the event of illness or injury, and if deemed necessary by the Chuckanut Raptors Running Club to seek medical help including the calling of an ambulance. I agree to individually provide for all medical expenses, which may be incurred by my child as a result of any illness or injury sustained while participating with the Chuckanut Raptors Running Club.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member if age 18 or older)