

**Medical and Emergency Contact Information (all)
and Permission to Travel (minors)**

Name: _____
First M.I. Last

Athlete Date of Birth: _____ (mm/dd/yyyy)

Section A: To be completed for all participants:

Orienteering is an outdoor athletic activity.

Athlete has the following special allergies and/or medical issues:

Athlete has the following food allergies and/or intolerances:

Athlete's health insurance carrier, group and policy number, name of policy holder, and contact phone number:

Please provide TWO parent/relative emergency contacts:

	<u>Names</u>	<u>Phone numbers</u>
1)	_____	_____

2)	_____	_____
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Section B: To be completed for all participants under age 18. At least one signature is required:

I/we _____ ,
name(s) of parent(s)/legal guardian(s) of the athlete

the Parent(s)/Legal Guardian(s) of _____ ,
name of athlete

hereby authorize(s) the Junior National Coach. Erin Shirm, the Junior Development Coach, Greg Ahlswede, and any coaches and/or adults officially designated by NJP Coaches Schirm or Ahlswede to accompany/chaperone my/our son/daughter during national orienteering training camps, trips and races, including those activities that require interstate and international travel. Further, we hereby appoint each of the persons who are identified above by name (but not any of the unnamed persons) as our agent to make health care decisions for our child during the above mentioned activities. For the purpose of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose or treat my child's physical or mental condition. In consideration of the services which are rendered to my child, pursuant hereto, we agree to pay for all such services.

Signature of Parent / Legal Guardian

Date