Original ___ Duplicate ___ Change of info ___

OREGON MOTORCYCLE ROAD RACING ASSOCIATION

2016 Medical Information and Treatment Authorization Form

1. PERSONAL INFORMATION:

Name:	Phone: ( )
Address:	Email:
City, State, Zip:	Date of Birth:

2. EMERGENCY CONTACT (person – local recommended - able to make medical decisions for you):

Name:	Phone: ( )
Address:	Email:
City, State, Zip:	Relationship to you:

3. PHYSICIAN INFORMATION:

Primary Care Physician:	Phone: ( )
Address:	
City, State, Zip:	

4. INSURANCE INFORMATION (current medical insurance required to race with *OMRRA*):

Insurance Company:	Phone: ( )
Address:	Policy number:
City, State, Zip:	

* Check your policy carefully to make sure injuries sustained while motorcycle racing are covered. Don't gamble with your financial future or that of your family.

5. HEALTH INFORMATION:

Blood type:	List recent surgeries, illnesses, head injury, or other medical conditions:
Last tetanus shot date:	
Medication allergies: Yes No	In emergency, I authorize the use of blood products: Yes No
If yes, list allergies:	Contacts: ___ Dentures: ___ Diabetic: ___ Epileptic: ___ Heart Condition: ___
Organ Donor? Yes No	Do you have an Advance Health Care Directive? Yes No

6. CONSENT AND AUTHORIZATION (for medical, hospital and/or dental services):

The undersigned, on behalf of himself, or minor if applicable, hereby authorizes and consents to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered under the general or special supervision and upon advice of a physician and surgeon licensed in the State of Oregon, Washington, or California where applicable, and does also hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered by a licensed dentist in the State of Oregon, Washington, or California where applicable. I hereby confirm consent, and agree to the foregoing.

_____ _____ _____ _____

Signature of Applicant **Date** **Signature of Witness** **Date**

_____ _____

Signature of Parent or Guardian **Date**
(required if applicant is under 18 years of age)

Carry one copy of this form in your leathers (if racer), or in your pocket (if volunteer), at all times while at PIR. One copy to ASIT.