

# JUNIOR CHALLENGE HEALTH & MEDICAL PERMISSION



Date	
Name	
Email	
Contact Number	
Address	
Zip / Post Code	
D.O.B	
Parent/Guardian	
Contact Number	
Alternative Emergency Number	
Does the musher have any chronic diseases? (Diabetes, seizures etc.)	
Does the musher have any allergies? (Asthma, hay fever etc.)	
Is he/she on any medication? (If yes, please detail)	
A doctor's authorization is required for race officials to administer any medications If there is a specific problem not indicated above, PLEASE DETAIL	

I hereby give my permission for first aid or emergency medical treatment to be given as needed to my child \_\_\_\_\_, while participating in the Canadian Challenge Sled Dog race.

If immediate observation or treatment is judged to be necessary by Canadian Challenge Race officials, I authorize and direct them to take the musher (properly accompanied) to the most easily accessible hospital or doctor. It is understood that I will assume full responsibility for the payment for any service provided.

Parent/Guardian Sign: .....

Date:

Musher Sign: .....

Date: