

QUAKERTOWN SUPER KIDS PARTICIPANT INFO FORM

PARTICIPANT'S NAME _____

Has the participant ever been hospitalized, had surgery or serious medical illness? _____

If so, please explain (use a separate sheet if necessary) _____

Is the participant now under the care of a physician or taking any medication which would make it inadvisable for him/her to participate? _____

Has any physician ever recommended, or do you feel that there should be limitations placed on his/her participation in this event? _____

Does this child have any known allergies? _____

If so, please list: _____

Has this participant ever blacked out or lost consciousness during physical activity? _____

Please list all known and prescribed medication your child is currently taking: _____

I/We (parent or legal guardian) consent to _____ participating in the
(Name of child)

Quakertown Super Kids Classic. We also agree to emergency medical treatment as deemed necessary.

(Race Participant's Name)

(Parent or Legal Guardian's Signature)

Any additional info or comments you feel we should know and have on file concerning your child
