

2010 MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM

RETURN WITH MEMBERSHIP FORM AND FEE TO:
SANDIA MOTORCYCLE ROAD RACING INCORPORATED
P.O. Box 11806
Albuquerque, New Mexico 87192

This MUST be completed by all SMRI members if participating in race or track days.

NAME _____

Address _____

City _____ St _____ Zip _____

Phone (____) _____

Birth Date _____ Age _____

Drivers License # _____ St _____

Social Security # _____ / _____ / _____

PERSON TO BE NOTIFIED IN THE
EVENT OF INJURY:

NAME _____

Address _____

City _____ St _____ Zip _____

Phone (____) _____

Relationship to you _____

MEDICAL INSURANCE INFORMATION

Company _____

Address _____

City _____ St _____ Zip _____

Phone (____) _____

Policy Number _____

Agents Name _____

MEDICAL INFORMATION MAY BE RELEASED
TO SMRI OFFICIALS:

X _____

Riders' Signature required here (If a minor signature of parent or guardian)

YOUR DOCTOR:

NAME _____

Address _____

City _____ St _____ Zip _____

Phone (____) _____

Are you CURRENTLY using ANY medications?

____ YES ____ NO

If YES, please list name, type, and dosage:

List ALL allergies to medication:

Date of your last Tetanus shot was: _____

Do you wear contacts? ____ Yes ____ No

Do you wear dentures? ____ Yes ____ No

Are you diabetic? ____ Yes ____ No

Are you epileptic? ____ Yes ____ No

Please list any medical information pertinent to treatment and care of your health:

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 the advise of a physician and surgeon licensed under the provisions of the New Mexico Medicine Practices Act, and does hereby authorize and consent to any X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered by a dentist under the provisions of the New Mexico Dental Practices Act.

I HEREBY CONFIRM, CONSENT, AND AGREE TO THE FOREGOING:

X _____
Signature of Rider Required

Date

X _____
Signature of Parent, Guardian, or person having legal custody of rider, if a minor.
Please notify SMRI if ANY of this information changes during the season.

Date