IDT At Plymouth Rock

Mandatory Medical Form

Athletes cannot receive Bib# and Timing Chip unless this form is completed.

First Name ______________________ Last Name ______________________

Date Of Birth (mm/dd/yy) ______________________

Home Address ______________________

City ______________________ State __________ Zip __________

Home Phone ______________________ Cell Phone ______________________

Where are you staying locally? ______________________

Emergency Contact Name ______________________

Emergency Contact Phone # ______________________

Are you taking any medications? (please list) ______________________

____

Do you have any allergies? (please list) ______________________

____

Are you allergic to bee stings? ______________________

Please list any past surgical history ______________________

____

Medical History (check one box on each question):

	Yes	No		Yes	No
Heart Disease	❑	❑	Lung Disease	❑	❑
Diabetes	❑	❑	Seizures	❑	❑
Hypertension	❑	❑	Peptic Ulcers	❑	❑
Thyroid	❑	❑	Currently Pregnant	❑	❑
Stroke	❑	❑	Other (Please list) ______________________		
Asthma	❑	❑	______________________		

Consent to Treat/Medical Release Form

I, ______________________, age __________

while participating in the Plymouth Rock Triathlon, hereby consent to be treated by the Plymouth Rock Triathlon Staff, Physician(s), Nurse (s), or any other medical doctor recommended by the Plymouth Rock Triathlon Physician or Staff.

I expressly authorize the Plymouth Rock Triathlon Staff and such hospital and /or medical doctor or medical facility, which might render medical treatment to me during this period, to release my medical condition and activity capabilities to the Plymouth Rock Triathlon Staff.

I also give the Plymouth Rock Triathlon Staff permission to provide other medical facilities with medical and insurance information that would expedite my care should I need emergency or other patient services.

Date: ______________________

Athlete Signature: ______________________

Fax to 781-749-2005 or mail to: Fast Forward, PO Box 573, Hingham, MA 02043 prior to Packet Pick Up