



## MEDICAL DISCLOSURE AND CONSENT AGREEMENT

I represent and agree:

**Health Status.** My child is in good physical and mental health and is able to participate fully in all NICA activities.

**Medical Conditions/Allergies.** My child has NO medical conditions and NO allergies.

**My child has and manages the following medical conditions, including known allergies,** none of which impair his or her ability to participate safely and fully in all NICA/League races, team practices, rides and events.

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**Minor Pain Medication.** I authorize NICA/League staff to give my child/dependent Ibuprofen in the event she/he needs it.

**Health Insurance.** The health insurer that provides coverage regarding my son/daughter/dependent is as follows:

- Insurance Carrier Name: \_\_\_\_\_
- Carrier Group Number \_\_\_\_\_
- Policy: \_\_\_\_\_

### Emergency Contact Information.

Emergency Contact #1: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Accuracy.** On this form, I have provided comprehensive and accurate information about my son/daughter.

**Emergency/Injury Authorization.** In the event of an emergency or injury, I authorize NICA (by any agents of NICA, its Leagues or Affiliates) in its discretion to do any of the following relating to my son/daughter/dependent: (a) to authorize medical transport; (b) to drive my son/daughter/dependent to an emergency room or other healthcare provider for treatment; (c) to provide consent to medical treatment; (d) to use its best efforts to contact the above designated emergency contacts; and (e) to disclose information about my son/daughter/dependent to the above emergency contacts, any healthcare providers, or any insurers, including information that would otherwise be covered by rules of confidentiality.

**Parent/guardian's signature, and date** \_\_\_\_\_