



**US International 420 Class Association
Medical Disclosure & Release Form**

Please print, fill out, sign and return this form to:

Larry Law

United States I-420 Class Association

1301 Dove Street, Suite 330

Newport Beach, CA 92660

949-660-8833 - Phone

949-660-8838 – Fax

Participant's Name: _____

Participant's E-Mail Address: _____

Family Physician: _____ Tel: (____) _____

Address: _____

City, State: _____ Zip: _____

Insurance Co.: _____ Policy Number: _____ Tel: (____) _____

Have you been, or are you being treated for:

Rheumatic fever

Heart disease

Chronic disease of the lung

Asthma

Chronic ear disease

Disease of the bones of joints

Epilepsy

Diabetes

Any other condition or ailment (please explain): _____

What medications are you currently taking or may take: _____

Any vision or hearing defect? Do you wear contact lenses? Date of Last Physical: _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State or Country to which the Team is traveling. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signed: _____ Date: _____ Print Name: _____

(if 21 or over) Signature of Participant (if under 21) Signature of Parent or Guardian

In Case of Emergency, Please Notify:

Name: _____ Tel: (____) _____

Name: _____ Tel: (____) _____