

MISS RODEO FLORIDA - MEDICAL RELEASE

Contestant Full Name: _____ Date of Birth _____

Parent/Guardian Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Please indicate another person to contact if an accident occurs and we are unable to reach you:

Name: _____ Relationship _____ Phone _____

Medical Insurance Company: _____ Policy No. _____

Family Doctor: _____ Phone _____

List any medication(s) you are currently taking: _____

Drug Sensitivities or Allergies _____

Other Allergies _____

Any other medical problems or conditions we should know about _____

Please read the alternative statements below and sign under the one that you choose. Sign only one please.

1. If I need medical attention, and unconscious or unable to respond, it is my wish that you contact _____ before ANY medical procedures are performed, unless immediate treatment is necessary to save my life or to prevent permanent injury.

Adult / Parent Signature _____ Date _____

2. If I need medical attention, and unconscious or unable to respond, it is my wish that the treatment be started while efforts are being made to contact _____ so that treatments are not delayed. I consent to any medical procedures that the physician believes are needed. I accept responsibility for costs related to such treatment.

Adult / Parent Signature _____ Date _____