HIGH SCHOOL RODEOS OF BC
MEMBER OF NATIONAL HIGH SCHOOL RODEO ASSOCIATION

PERSONAL HEALTH FORM

PLEASE PRINT CLEARLY

NAME: _____ BIRTH DATE: _____/_____/_____
ADDRESS: _____ POSTAL CODE: _____
PARENT/GUARDIAN: _____ PHONE #: _____ -_____

If the above are unavailable in an emergency - please notify:
NAME: _____ PHONE #: _____
PERSONAL HEALTH CARE NUMBER: _____
SUBSCRIBERS NAME: _____
NAME OF DOCTOR: _____ PHONE #: _____
RELIGION OF CONTESTANT: _____

Does the contestant have an allergic reaction to any medications? If so, please list:
_____
_____

What is the type of reaction and treatment to be given?
_____
_____

Is the contestant currently subject to:
Respiratory Ailments: _____
Convulsions: _____
Diabetes: _____
Other: _____
Date of last Tetanus shot: _____
Does the contestant wear Contact Lenses: _____

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We, the parents/guardians of the above named contestant, give permission for NECESSARY EMERGENCY TREATMENT to be administered by the Hospital and Physicians on the Medical Staff while my child is participating in a HIGH SCHOOL RODEO'S OF B.C. function. We understand that the contestant must be and is covered by Medical Insurance. We hereby release the Hospital, the Physicians on the Medical Staff and the Rodeo sponsors from all liability except by negligence.

SIGNED: _____ DATE: _____

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FOR OFFICE USE ONLY:
NHSRA MEMBERSHIP #: _____
DATE RECEIVED: _____