



HIGH SCHOOL RODEOS OF BC

MEMBER OF THE NATIONAL HIGH SCHOOL RODEO ASSOCIATION

PERSONAL HEALTH FORM

NAME: _____ BIRTH DATE (d/m/y): ____/____/____

ADDRESS: _____

CITY/TOWN/PROVINCE: _____ POSTAL CODE: _____

PARENT/GUARDIAN: _____ PHONE #: _____

PARENT/GUARDIAN: _____ PHONE #: _____

OTHER EMERGENCY CONTACT: _____ PHONE #: _____

CONTESTANT'S HEALTH CARE NUMBER AND PROVINCE ISSUED BY: _____

FAMILY DOCTOR: _____ PHONE #: _____

ANY CARE RESTRICTIONS FOR RELIGIOUS REASONS: _____

ALLERGIC REACTIONS TO MEDICATION(S), PLEASE LIST:

REACTION AND TREATMENT REQUIRED:

IS CONTESTANT SUBJECT TO ANY OF THE FOLLOWING:

RESPIRATORY AILMENTS: _____ CONVULSIONS: _____

DIABETES: _____ SEIZURES: _____

OTHER: _____

DOES CONTESTANT WEAR CONTACT LENSES: YES _____ NO _____

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We the parent/guardians of the above-named contestant, give permission for NECESSARY MEDICAL TREATMENT to be administered by the Hospital and Physicians, Medical Staff, Ambulance, First-Aid Attendants and Paramedics while the contestant is participating in a HIGH SCHOOL RODEOS OF BC event. We understand that the contestant must be and is covered by Medical Insurance. We hereby release the Hospital, Physicians, Medical Staff, Ambulance, First-Aid Attendants, Paramedics, Rodeo Sponsors and volunteers from all liability except by negligence.

SIGNED: _____ DATE: _____

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