2019 CONTESTANT MEDICAL FORM

RODEO: ____

DATES: ____

CONTESTANT NAME ____

CONTESTANT NUMBER ____

LIST ANY ALLERGIES ____

____

LIST ANY MEDICATION YOU ARE CURRENTLY TAKING:

____

OTHER MEDICAL INFORMATION WE SHOULD KNOW:

____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

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UPON COMPLETION, I HEREBY RELEASE THIS MEDICAL INFORMATION FOR MEDICAL TREATMENT PURPOSES ONLY.

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SIGNATURE DATE

FORM MUST BE COMPLETED AND/OR SIGNED