

2023-2024 Miss Rodeo Junction City Queen Pageant & Rodeo Medical Release

Contestants Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Parent/Guardian's Mobile #: \_\_\_\_\_

Your Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Is your child on any medication (s)? Yor N \_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Any drug allergies: \_\_\_\_\_ Other allergies: \_\_\_\_\_

Please indicate another person to contact if an accident should occur and we are unable to reach the Parent/Guardian at the provided number.

Name: \_\_\_\_\_

Relationship to Contestant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

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

*If my child needs medical attention, it is my wish that I be contacted BEFORE any medical procedures are taken on my child, unless treatment is necessary to save my child's life or prevent permanent injury.*

Parent/Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*If my child needs medical attention, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I contest to any medical procedures that the physician(s) believe are needed, on the understanding that efforts to contact me will continue to be made. I accept all responsibilities for costs related to such treatments.*

Parent/Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE MAIL A COPY OF BOTH SIDES OF YOUR INSURANCE CARD(S)**