**Miss Rodeo Junction City Queen Pageant & Rodeo Medical Release**

(Please type to fill information out and print to sign)

**Contestants Full Name:**

**Date of Birth:**

**Address:**

**Home Phone:**

**Mobile Phone:**

**Parent/Guardian’s Name:**

**Parent/Guardian’s Address:**

**Parent/Guardian’s Mobile Phone:**

**Your Insurance Company Name:**

**Policy #:**

**Group #:**

**Family Doctor’s Name:**

**Office #:**

**Is your child on any mediation(s)?**

**If yes, please list:**

**Does your child have any medical problems I should know about? If so, 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 listed on this sheet

**Name:**

**Relationship to Contestant:**

**Home Phone:**

**Mobile Phone:**

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

If my child needs medical treatment while participating 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 to prevent permanent injury.

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my child needs medical treatment while participating it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent 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 treatment.

**Parent/Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail a copy of both sides of your insurance card(s)