



2025 BITB Medical Questionnaire

This questionnaire must be completed by a parent/guardian for each participant in the below San Antonio Stock Show & Rodeo events. In addition, participants requiring medical attention 30 days prior to their event date must provide a doctor's release at check-in. Participants will not be allowed to participate if either of these requirements are not met. Note: The SALE Medical Committee, in conjunction with the respective event committees, has the right to deny participation to anyone who, due to medical condition, is deemed unfit to participate at the time of the event. Approval not to be unreasonably withheld.

This questionnaire must be completed and brought with original release, indemnification agreement, and birth certificate date of ride.

Please review and circle Y if "Yes" and N if "No". If any of the answers to these questions are yes, please explain the problem or complications and list any of the medications that are related to the problem. Please answer the following questions truthfully so that your child can receive the best care.

1. Has the participant ever been diagnosed with a heart problem? Y or N
If yes, what medications are taken? _____
If yes, are there any limitations? _____
2. Does the participant have a history of seizures? Y or N
If yes, what medications are taken? _____
If yes, when was the last seizure? _____
If yes, do you know what triggers the seizures? _____
3. Does the participant have breathing problems, including exercised-induced asthma and respiratory anxiety? Y or N
If yes, what causes the problems? _____
If yes, has the participant been diagnosed with asthma? Y or N
If yes, does the participant use an inhaler? Y or N If yes, participant should bring the inhaler with them to the event.
4. Has the participant had surgery? Y or N
If yes, when was the surgery? _____
If yes, what kind of surgery? _____
If recent, does the participant have a doctor's release? Y or N
5. Has the participant ever broken any bones? Y or N
If yes, when? Circle one for the months since the break. 0-6 6-12 12-18 18-24 24-30 30+
If yes, where was the break? _____
If recent, does the participant have a doctor's release? Y or N
6. Has the participant ever had a concussion or any type of head injury? Y or N
If yes, when? _____
If recent, does the participant have a doctor's release? Y or N
7. Has the participant been ill or had an injury within the past two weeks? Y or N
If yes, has the participant been treated by a physician for illness or injury? Y or N
If yes, has the participant missed school in the last two weeks for illness or injury? Y or N
If yes, has the participant been cleared by a physician for illness or injury? Y or N
8. Has the participant had a fever in the last two weeks? Y or N
If yes, when was the last day of the fever? _____
9. Has the participant been diagnosed with diabetes? Y or N
If yes, is insulin taken? Y or N
If yes, is the insulin administered by injection or pump? _____
10. Is there any other medical information that has not been asked above that you feel is pertinent? _____

Participant Information:

Participant Name (print) _____
Day/Date/Time of Event _____ (day), February _____, 2025 at _____ AM or PM
Parent/Guardian (print) _____

----- Complete upon arrival at time of competition -----

Is all the information still current, and correct? Y or N
If yes, then what type of medication? _____
Parent/Guardian (sign) _____ Contact Number _____