MISS HUMBLE RODEO PAGEANT

Contestant
Medical & Security
form

Full Name:_____

State:_____

Insurance Company:_____

Policy Number:_____

Emergency name:_____

Emergency phone number:_____

ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD

Do you have any other on-going medical conditions for which you currently are receiving treatment? _____ If so please explain:
_____

Do you have any allergies (including to any medications, foods, animals or insects)? _____ If so, please describe in detail:
_____

Do you have any of the following conditions: Diabetes, Asthma, High Blood Pressure, Epilepsy? _____ If so, please describe in detail:
_____

Are you currently taking any medications (prescription or non-prescription)? _____ If so, please describe in detail:
_____

Do you have any physical limitations, restrictions or impairments? _____ If so, please describe in detail:
_____

Please describe any additional medical or health-related information: _____
_____

IN CASE OF EMERGENCY, I authorize the Miss Humble Rodeo Pageant their respective parent, subsidiary, and affiliate companies, and their respective agents, employees, representatives, and contractors, to arrange for or provide such medical assistance to me as any of them determines to be necessary.

IN CASE OF EMERGENCY, I also authorize any physician, other medical or paramedical provider, and any medical facility to provide any medical or surgical care, including without limitation anesthetization and hospitalization, to me which any of them may determine to be necessary or advisable, pending receipt of a specific consent from me.

Signature of Contestant:_____ Date: _____
Printed Name: _____

Parental Consent (if signatory is a minor): I represent and warrant that I am the parent or legal guardian of the minor whose name appears above, that I have read and approve of the foregoing release, and that I consent to its execution by my child/ward. I agree that my child/ward and I shall be bound and obligated by the terms set forth in the foregoing release.

Parent/Guardian:_____Date: _____
Printed Name: _____