



# 2025 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 a medical condition, is deemed unfit to participate at time of event. Approval not to be unreasonably withheld.**

**Please select event:**

- Calf Scramble: Questionnaire must be completed and returned by December 30, 2024, along with a participant release form.
- Mutton Bustin': Questionnaire must be completed and returned along with a copy of participant's birth certificate & participant release form on the date set forth in acceptance email.
- Bustin' in the Barn: Questionnaire must be completed and returned by February 1, 2025, along with a participant release form.

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, to include 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 the illness or injury? Y or N  
If yes, has the participant missed school in the last two weeks for the 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) \_\_\_\_\_ (sign) \_\_\_\_\_

Day/Date/Time of Event \_\_\_\_\_ (day), February \_\_\_\_\_, 2025 at \_\_\_\_\_ AM or PM

Parent/Guardian (print) \_\_\_\_\_ (sign) \_\_\_\_\_

CEA/AST Calf Scramble Only (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Medical Committee Member (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Is all information still current and correct? Y or N ----- Complete upon arrival at time of competition ----- Is participant currently on any type of medication, prescribed or over the counter? Y or N

If yes, then what type of medication? \_\_\_\_\_

Parent/Guardian (sign) \_\_\_\_\_ Contact Number \_\_\_\_\_