

IHSRA MEDICAL QUESTIONNAIR

Contestant's Name: _____ **Date of Birth:** _____

Address: _____ **Phone #:** _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ **Address:** _____

Phone#: _____ **Phone#:** _____

Emergency Contact other than Parent/Guardian: _____

Address: _____ **Phone:** _____

Contestant's Medical Information:

Known Allergies: _____

Medical Risks: _____

Current Medications: _____

Primary Physician: _____ **Phone#:** _____

Address: _____

Primary Insurance: _____

Address: _____

Policy Number: _____ **Phone:** _____

Other information pertinent to the contestant's well being:

We the parents of _____, give permission for said contestant to participate in said rodeo and agree to hold the Illinois High School Rodeo Association harmless from any liability, whatsoever by reason of his/her participation in said rodeo. We the parents of _____, give the local Hospital or Physicians permission to administer emergency treatment for injuries he or she may incur while participating in the High School rodeo. We hereby release the local Hospital, Physician and sponsor of the rodeo from all liability. **We understand that each contestant must be and is covered by medical insurance.**

(Secondary to Primary Carrier.)

Mother's Signature: _____ Father's Signature: _____

Contestant's Signature: _____