



PERSONAL HEALTH FORM

PLEASE PRINT CLEARLY

NAME: _____
ADDRESS: _____
PARENT/GUARDIAN: _____

BIRTH DATE: ____/____/____
POSTAL CODE: _____
PHONE #: _____ - _____

If the above are unavailable in an emergency - please notify:

NAME: _____

PHONE #: _____

PERSONAL HEALTH CARE NUMBER: _____

SUBSCRIBERS NAME: _____

NAME OF DOCTOR: _____

PHONE #: _____

RELIGION OF CONTESTANT: _____

Does the contestant have an allergic reaction to any medications? If so, please list:

What is the type of reaction and treatment to be given?

Is the contestant currently subject to:

Respiratory Ailments: _____

Convulsions: _____

Diabetes: _____

Other: _____

Date of last Tetanus shot: _____

Does the contestant wear Contact Lenses: _____

We, the parents/guardians of the above named contestant, give permission for NECESSARY EMERGENCY TREATMENT to be administered by the Hospital and Physicians on the Medical Staff while my child is participating in a HIGH SCHOOL RODEO'S OF B.C. function. We understand that the contestant must be and is covered by Medical Insurance. We hereby release the Hospital, the Physicians on the Medical Staff and the Rodeo sponsors from all liability except by negligence.

SIGNED: _____

DATE: _____

FOR OFFICE USE ONLY:

NHSRA MEMBERSHIP #: _____

DATE RECEIVED: _____