

STAFF/VOLUNTEER MEDICAL FORM

RODEO: _____

DATES: _____

STAFF/VOLUNTEER NAME _____

LIST ANY ALLERGIES _____

LIST ANY MEDICATION YOU ARE CURRENTLY TAKING:

OTHER MEDICAL INFORMATION WE SHOULD KNOW:

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN THE EVENT OF AN
EMERGENCY:

UPON COMPLETION, I HEREBY RELEASE THIS MEDICAL INFORMATION FOR
MEDICAL TREATMENT PURPOSES ONLY.

SIGNATURE

DATE