

**2019 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

**FORM MUST BE COMPLETED AND/OR SIGNED**