

**North Carolina Junior Angus Association
2008 State Show
Permission Slip and Medical Release Form**

_____ (Name of Participant) has my permission to participate in the NCJAA State Show, including activities scheduled at NCSU-Beef Unit. In the event of an emergency, I give my permission to allow medical attention administered to _____ without my notification.

_____ Parent or Guardian Signature

_____ Date

In case of emergency please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

If not available please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Is the participant allergic to any medication? _____

If yes, please list:

Does the participant currently have any existing medical conditions? _____

If yes, please list:

Is the participant currently taking any medication? _____

If yes, please list:

Is there any other existing conditions, medical or otherwise the association advisors should be aware of?
