

North Carolina Junior Angus Association
2016 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 the Guilford County Agriculture Center. 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?

