

**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?  
\_\_\_\_\_  
\_\_\_\_\_