

**North Carolina Jr Angus Association
2010 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: _____

Relationship: _____

If not available please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Is the participant allergic to any medication? _____

If yes, please List: _____

Dose the participant currently have any existing medical conditions? _____

If yes, please list: _____

Is the participant currently taking any medication? _____

If yes, please list: _____

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