



California Pork Producers Association – Junior Director Emergency Medical Release & Liability Waiver

Name _____
Street Address _____ City _____ Zip _____
Birthdate _____

EMERGENCY CONTACT INFORMATION

Father's Name _____

Home Phone (____) _____ Cell Phone (____) _____

Mother's Name _____

Home Phone (____) _____ Cell Phone (____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Contact Name _____

Home Phone (____) _____ Cell Phone (____) _____

Relationship _____

MEDICAL INFORMATION

Known Allergies _____

Other Medical Conditions _____

Physician _____

Office Phone (____) _____ Cell Phone (____) _____

Medical Insurance Provider _____

Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

In the event that a participant needs minor medical care or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, CPPA will make every effort to notify the parents, but the first priority may be providing care to the participant.

Parents/Guardians Signature _____

Date _____

(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____

Date _____

(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.