



DATE: _____

MEDICAL TREATMENT AUTHORIZATION FOR A CONTESTANT

I, _____ (parent/guardian), hereby grant

(authorized adult), the authority to obtain medical
treatment for the following contestant, _____ during the
sanctioned California High School Rodeo Association sanctioned event, 2025 Challenge of Champions

The above care provider(s) are authorized to:

-obtain medical treatment and procedures for the child as may be appropriate in emergency
circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate
health care providers.

This grant of temporary authority shall begin on _____ and shall remain
effective until _____.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s)
cannot be reached, the care provider should then contact the following person(s) in the order below:

Contact 1:

Name: _____, Relationship to child: _____

Phone: _____, Alt. Phone: _____

Contact 2:

Name: _____, Relationship to child: _____

Phone: _____, Alt. Phone: _____

The care provider(s) may provide the physician and other health care providers with the following health
insurance information:

Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Dated: _____, 2025

Parent/Guardian Signature: _____ Phone: _____

Parent/Guardian Signature: _____ Phone: _____