



DATE: \_\_\_\_\_

**2024-2025 MEDICAL TREATMENT AUTHORIZATION FOR A CONTESTANT**

I, \_\_\_\_\_, hereby grant \_\_\_\_\_,  
\_\_\_\_\_, the authority to obtain medical treatment for the  
following contestant, \_\_\_\_\_ during the sanctioned California High  
School Rodeo Association event hosted by District \_\_\_\_\_.

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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_