



DATE: _____

2025-2026 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: _____