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Medical & Indemnity Form



ROCKHAMPTON JUNIOR BEEF SHOW

Full Name

Address

Date of Birth

Allergies

<input type="checkbox"/> Insect (bee) stings	<input type="checkbox"/> Foods	Please list the allergen and describe the reaction:
<input type="checkbox"/> Medications	Is an EpiPen® required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other, please describe:		

Health Conditions

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizziness or Fainting
<input type="checkbox"/> Asthma: Is an Inhaler required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Other, please describe:		

Medication/s.....

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Will your child require supervision with medication: Yes No