

183 East Street  
Rockhampton Q 4700  
PO Box 796  
Rockhampton Q 4700



P 07 4927 7799  
F 07 4922 5805  
E abba@brahman.com.au  
W www.brahman.com.au

# 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.....

.....

Will your child require supervision with medication:  Yes  No



Please indicate if there is anything which may affect you/your child taking part in the event

.....  
.....

**Doctor** Name .....

Contact Details .....

**Medicare Number** .....

**Emergency Contacts**

Name	Relationship	Contact
.....	.....	.....
.....	.....	.....

**INDEMNITY**

Entrants participate in the Rockhampton Junior Beef Show at their own risk. The Australian Brahman Breeders' Association will not under any circumstances, hold itself responsible for any loss or damage to exhibits or be liable for any accident or injury to competitors at the Show. I am giving consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.

Entrants agree to abide by directions given by the Junior Beef Show organising committee members.

Signed..... Date.....

For competitors under 18 years the form is to be signed by a Parent/Guardian if possible

Name.....

Signed..... Date.....