

**2006 COLORADO STATE UNIVERSITY YOUTH  
LIVESTOCK JUDGING CAMP  
July 12-14, 2006**

*Pertinent Medical Information*

Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Name and phone numbers of individual(s) to contact in case of emergency \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Please describe any physical condition of the child that precludes physical activity, field work, late night activity, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications the participant will be taking \_\_\_\_\_

\_\_\_\_\_

Please list any allergies (drug/food/environmental)

\_\_\_\_\_

\_\_\_\_\_

Please describe any conditions of dietary concern \_\_\_\_\_

\_\_\_\_\_