

MEDICAL CONSENT / EMERGENCY CONTACT FORM

MINOR (under 18 years of age)

Participant Name: _____ Age: _____

Address: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION:

Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Policy number: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

Current MEDICATIONS: _____

Additional Medical Information: _____

MINOR RELEASE: For Kosciusko County Fair as a Queen (or Teen Queen) or member of the Queen's Court (or Teen's Court) that are considered minors and are under 18 years of age.

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIANS.

As the custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him/her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgement upon the advice of medical or emergency personnel. This is effective immediately and at any time the minor is participating in activities for the Kosciusko County Fair, or representing the Kosciusko County Fair as a Queen (or Teen Queen) or member of the Queen's Court (or Teen's Court).

Date: _____

Parent/Guardian Signature: _____

Printed Name: _____