

# MEDICAL CONSENT / EMERGENCY CONTACT FORM

Non-Minor (18 years of age or older)

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: \_\_\_\_\_

\_\_\_\_\_

**NON-MINOR RELEASE:** For Kosciusko County Fair as a Queen or member of the Queen's Court that are not considered minors and are 18 years of age or over.

## AUTHORIZATION AND CONSENT OF MEDICAL CARE.

I grant my authorization and consent for a designated adult to administer general first aid treatment for any injuries or illnesses that I may experience. If the injury or illness is severe, I authorize him/her to seek professional emergency personnel to attend, transport, and treat me 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 I am participating in activities for the Kosciusko County Fair, or representing the Kosciusko County Fair as a Queen or member of the Queen's Court.

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_