

# Wisconsin Association of Fairs Contestant Medical Form

\*Please bring with you to registration at convention.

Contestant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Fair: \_\_\_\_\_

**Parent's Contact Information:**

Parent/Legal Guardian's name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Contact Person attending the Convention: (i.e. Fair Board member, county coordinator)**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

**Medical Contact:**

Physician \_\_\_\_\_

Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL HISTORY** Does the Contestant have a history of:

YES	NO	CONDITION
		Allergies (see info on right)
		Asthma
		Cerebral palsy
		Chronic Skin Problems
		Diabetes
		Epilepsy
		Headaches
		Heart Problems
		Kidney Problems
		Orthopedic Problems
		Rheumatic Fever
		Tuberculosis
		Other (please specify)
		Vision Problems
		Wears glasses/contacts
		Hearing Problems

**ALLERGIES:** Medical Alert Information (check any that apply)

Bee Stings       Environment  
 Foods       Medicines  
 Other  
 Other

Is treatment needed for allergy    **Y**    **N**  
 Please explain

Comments

**Within the last 12 months has the contestant had:**

YES	NO	
		Surgery
		Skull Fracture
		Serious Illness
		Serious Accident
		Diagnosed Concussion

**AUTHORIZATION FOR EMERGENCY REFERRAL AND MEDICAL TREATMENT/TRANSPORT**

As parents of \_\_\_\_\_, we authorize Wisconsin Association of Fairs personnel to refer our child to our family doctor in the event we cannot be readily contacted, and authorize the doctor to treat the child. If either our doctor or we cannot be reached and/or the situation is recognized by the attending adult as emergent, we give the Wisconsin Association of Fairs permission to arrange transportation for our child to the nearest medical facility. We agree to assume all cost involved, including possible ambulance fees.

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Fairest Contestant

\_\_\_\_\_  
 Date