

# Wisconsin Association of Fairs Contestant Medical Form

\*Please bring with you to registration at convention.

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

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

<b>Emergency Contact Information:</b>	
Name: _____	Relationship: _____
Primary Phone# _____	Secondary Phone# _____

<b>Contact Person attending the Convention: (i.e. Fair Board member, county coordinator)</b>	
Name _____	Cell # _____
Relationship _____	

<b>Medical Contact:</b>	
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

<p><b>ALLERGIES:</b> Medical Alert Information (check any that apply)</p> <p> <input type="checkbox"/> Bee Stings      <input type="checkbox"/> Environment  <input type="checkbox"/> Foods      <input type="checkbox"/> Medicines  <input type="checkbox"/> Other  <input type="checkbox"/> Other         </p> <p>Is treatment needed for allergy    <b>Y</b>      <b>N</b></p> <p>Please explain</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Comments</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<b>Within the last 12 months has the contestant had:</b>		
YES	NO	CONDITION
		Surgery
		Skull Fracture
		Serious Illness
		Serious Accident
		Diagnosed Concussion

<b>AUTHORIZATION FOR EMERGENCY REFERRAL AND MEDICAL TREATMENT/TRANSPORT</b>	
<p>I, _____, authorize the Wisconsin Association of Fairs personnel to contact our medical contact and authorize treatment. If the situation is recognized by the attending personnel as emergent, I give the Wisconsin Association of Fairs permission to arrange transportation for myself to the nearest medical facility. I agree to assume all cost involved, including possible ambulance fees.</p>	
<p>_____</p> <p>Fairest Contestant Signature</p>	<p>_____</p> <p>Date</p>