

2011 FIRST AID PARENT PERMISSION/ EMERGENCY CONTACT FORM

Each youth exhibitor is required to have the following form completed and signed by a parent/guardian. Completed form MUST be submitted with entries.

Exhibitor's Name _____ Age _____

of Chapter/Club _____, has my permission to seek first aid treatment at the Ramona Junior Fairgrounds during his/her stay.

In my absence, it is understood that our group leader, _____, will be notified of any injury and will be promptly advised of what further medical treatment, if any, may be required.

Parent/Guardian Signature Date

Parents Name PRINTED () Home Phone # () Cell Phone #

My child has had a Tetanus toxoid booster on this Date: _____

_____ My child has **NO known allergies** to medication

_____ My child **IS allergic** to the following medication(s):

Other health problems to be aware of:

Emergency Camp Leader Name: _____

Emergency Camp Leader Phone Number: () _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: () _____