



**Jefferson County Fair
4-H/FFA Medical and Emergency Form**



Youth's Name: _____ Home Phone #: _____

Home Address: _____

Club/Chapter: _____ 4-H Leader/Chapter Advisor: _____

Parent/Guardian Name: _____ Parent Cell #: _____

Fair Chaperone Name: _____ Chaperone Cell #: _____

Will you be camping on the Fairgrounds during the Jefferson County Fair? (circle one) Yes No Not Sure

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Medical Insurance Carrier: _____

Policy Number: _____ Subscriber: _____

Does your child take any routine or daily medicine: _____ Yes _____ No

Name of medicine: _____ Possible side effects: _____

Health Information: Please list any health conditions such as diabetes, heart condition, seizures/epilepsy, allergies (bee stings or peanuts), asthma, eye or ear problems or any chronic conditions. Please describe the condition and give details for care during the Fair. _____ Check here if child has no health problems.

Medical Release: As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H/FFA program to order X-rays, routine tests, treatment, release any records necessary for insurance purposes and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to secure emergency treatment, order injections, hospitalize, anesthesia and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Parent/Guardian Signature: _____ Date: _____

Waiver: In consideration of your accepting my entry into the Jefferson County Fair, I hereby for myself, my child or children, my heirs, executors and administrators waive and release any and all rights and claims for damages I or my children may have against the Jefferson County Fair Association, its Directors, Officers and Volunteers for any and all injuries suffered by myself or my children while participating in the Jefferson County Fair. I have read this statement and my signature below verifies mine and my child's acceptance of these conditions. As parent/legal guardian of the above child, I permit the youth to participate in 4-H/ FFA Program during the Jefferson County Fair.

Parent/Guardian Signature: _____ Date: _____