



PRINCESS PAGEANT

Medical Emergency Form

(give to Director)

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIANS NAME: _____

PHONE # _____ WORK # _____ CELL # _____

NAME OF INSURANCE COMPANY: _____

NAME OF FAMILY PHYSICIAN: _____

ADDRESS _____ PHONE # _____

DO YOU HAVE ANY KNOWN ALLERGIES? NO ___ YES ___ (IF "YES" PLEASE LIST) _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

LIST ANY MEDICAL PROBLEMS OR MAJOR SURGERIES _____

PLEASE LIST TWO PEOPLE WE MAY CONTACT IN THE EVENT PARENTS CANNOT BE REACHED

1. NAME: _____

PHONE # _____ WORK # _____ CELL # _____

ADDRESS: _____

RELATIONSHIP: _____

2. NAME: _____

PHONE # _____ WORK # _____ CELL # _____

ADDRESS: _____

RELATIONSHIP: _____

IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY, I DO AUTHORIZE THE SANTA CLARA PRINCESS DIRECTOR/STAFF TO MAKE THE NECESSARY ARRANGEMENTS FOR TREATMENT.

SIGNATURE OF PARENT OR GUARDIAN DATE

SIGNATURE OF CONTESTANT DATE