# Miss Santa Clara

## Scholarship 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**