

2017 FAIR QUEEN PERSONAL INFORMATION

Contestant Name:	
Birth date:	
Social Security #: (Only Required if Crowned Queen)	
Home Address:	
City:	Zip Code:
Home Telephone #	Cell Phone #
E-Mail Address:	
Mother's Contact Information: Cell:	E-Mail:
Father's Contact Information: Cell:	E-Mail:

FAIR QUEEN EMERGENCY CONSENT FORM 2017

***In case of emergency and no one can be reached at the above phone numbers:
(Please check one):

The Fair Authorities have my permission to take me (my child) to Doctor _____
and receive medical treatment as indicated. Doctor's Phone Number: _____

The Fair Authorities may take me (my child) to an area trauma center or hospital.
Please specify preference _____
Yes__ No __

The Fair Authorities may call an ambulance to transport me (my child) to an area
trauma center or hospital.
Please specify preference _____

Hospital or trauma center officials may treat me (my child)
Yes__ No__

If you have other preferences, please indicate below:

Signature of contestant over 18 (or parent/guardian for under 18)

Date