

2018 LITTLE MISS MONROE COUNTY PERSONAL INFORMATION

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

2018 Little Miss Emergency Contact Information

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 parent/guardian for Little Miss Contestant

Date