

**20209 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:

**2020 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:  
\_\_\_\_\_

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Signature of parent/guardian for Little Miss Contestant

Date