

**Little Mr. & Miss Blueberry and Blueberry Prince and Princess
National Blueberry Festival Pageant
EMERGENCY MEDICAL TREATMENT**

Contestant's Name: _____

Date of Birth: _____

Address: _____

Contestant's Email Address: _____

Mother/Guardian's Name: _____

Cell Phone Number: _____ Work: _____ Home: _____

Address: _____

Email Address: _____

Father/Guardian's Name: _____

Cell Phone Number: _____ Work: _____ Home: _____

Address: _____

Email Address: _____

Name of Physician: _____ Phone: _____

Address: _____

DO YOU FAINT EASILY? Yes__ No__ DO YOU GET CARSICK? Yes__ No__

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? Yes__ No__ If Yes, List

Reason _____

DO YOU TAKE MEDICATION DAILY? Yes__ No__ If Yes, List Medications:

ARE YOU ALLERGIC TO ANY FOOD OR HAVE ANY SPECIAL DIETARY NEEDS (VEGAN, ETC.)? ARE YOU ALLERGIC TO ANY MEDICATIONS? Yes__ No__ If Yes, List

Them: _____

PAST HISTORY OF ANY MAJOR ILLNESS OR SURGERY _____

Name of Health Insurance _____ Group # _____

Name of patient: _____, minor.

Permission is hereby given to this hospital, its physicians, and its nursing staff to administer any treatment, diagnostic, therapeutic, or to administer such surgical procedures as may be deemed necessary or advisable in the diagnosis and treatment as condition warrants, and to release information as may be necessary for hospital claims.

Signature of Parent/Legal Guardian Signature of Witness

Relationship to Patient Date

FROM MUST BE TURNED IN WITH ENTRY FORM!