

**** REQUIRED ** REQUIRED ** REQUIRED ** REQUIRED ** REQUIRED ****
Must accompany Polk County Fair entry



Polk County 4-H & FFA Fair Association Medical Release Form**



(**this form is **REQUIRED** for all youth on fairgrounds)

I hereby authorize the Polk County 4-H & FFA Fair Association personnel, ISU Extension staff, FFA Advisors, any licensed physician, EMT, or other qualified hospital personnel to render medical treatment to my son/daughter _____ (*child's name*) in an emergency. I also authorize them to transport my son/daughter to a medical facility to which, in their judgment, is necessary in the event of illness or injury.

Signed _____ Date: _____

Emergency Phone Numbers

Home Phone # _____
Father's Work # _____ Mother's Work # _____
Father's Cell # _____ Mother's Cell # _____

Name of Family Doctor _____ Doctor's Office # _____
Name of Dentist _____ Dentist's Office # _____

Another person to contact if you are unreachable
Name _____ Relationship to Participant _____
Phone # _____

Please list any and all allergies, special medical conditions or health problems and medications with which the Polk County Fair Association should be aware:

Photograph Permission

I give permission for my child, _____'s, picture to be used by the Polk County Fair Association, ISU Extension and FFA for educational purposes to help illustrate and explain the educational programs of Polk County Fair Association, ISU Extension and FFA.

Check appropriate box: You may You may not use his/her name.

Signed _____ Date: _____

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