EMERGENCY/MEDICAL INFORMATION

Please fill this form in completely or it will be returned to you for corrections.

Name (Last, First, Middle)________________________________Phone_________________________________

Home address____

Emergency contact____________________________________Relationship____________________________

Address of above person_________________________________Phone (_______)________________________

Family physician_______________________________________Phone (_______)________________________

Are you allergic to any medication or foods? If so, please list_____________________________________

____

List any and all medicine that you are currently taking (prescription or non-prescription)_________________

____

3. Do you have any ongoing or chronic medical conditions? Please explain.__________________________

____

4. Have you **recently** had any serious illness, injury or surgery? If so, please explain and give dates__________

____

5. Do you have any medical or physical conditions that might limit your ability to participate in athletic or other physical activities?____

6. List any and all handicaps, disabilities or impairments that apply to you__________________________

____

7. Do you have any of the following conditions? Diabetes?____Asthma?____High Blood Pressure?____ _Epilepsy?____

Name of medical insurance carrier_____________________________Phone No._______________________

Policy and Group Number_____________________________________(Attach copy of medical insurance card)____

CONSENT FOR MEDICAL DIAGNOSIS AND TREATMENT

We (I) hereby consent to allow The MISS DALLAS/MISS DALLAS TEEN Pageant, Inc. to select a hospital, clinic or other medical facility that shall be authorized to diagnose and treat our (my) daughter, ____, for any medical problem that may arise during her stay with the MISS DALLAS /MISS DALLAS TEEN Pageant. In addition, we (I) hereby release The MISS DALLAS/MISS DALLAS TEEN Pageant from all liability therefrom.

Delegate's name___________________________________Signature______________________________

Parent or Guardian_________________________________Signature______________________________

Date____Phone (________)_________________________