

## MODOC COUNTY FAIR QUEEN AND COURT PERSONAL EMERGENCY INFORMATION

Contestant Name (last, first, middle initial)	Home Address (zip code included)	Home Phone (area code included)
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### NOTIFY IN CASE OF EMERGENCY

NAME	RELATION	ADDRESS	PHONE

### FAMILY DOCTOR(S)

NAME	ADDRESS	PHONE

### MEDICAL INFORMATION

Are you covered under a health plan?    Yes    No    If yes, name of plan:

\_\_\_\_\_

Enrollment Code: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Allergies:

\_\_\_\_\_

Medication(s) required to take: \_\_\_\_\_ Medical Alert Conditions:

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**Special Instructions:**

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**CONTESTANT SIGNATURE**

**DATE**

**PARENT/GUARDIAN SIGNATURE**