41st Annual Miss Virginia Job's Daughter Pageant
Medical Form

(Please type or print legibly)

Name: ____ Bethel No. _______
Last First MI

Insurance Carrier: ______________________________________ Contract # ___________________

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: ______________________________________ Relationship: ________________

Address: ______________________________________ Phone ( ) _________________

City: _______________________ State ________ Zip _______ Cell ( ) ___________________

MEDICAL HISTORY (Serious illness or condition, surgery/injuries/date of occurrence:

____

____

Allergies: ____

Date of last tetanus toxoid shot: ____________________ Do you wear contact lenses? ____________

List Medications you take, if any.

____

____

____

____

Family Physician Information

Name: ________________________________

Address: ______________________________

City _________________ State ___ Zip ________

Phone No. ( ) ______________________

In the event of an illness or accident at the 41st Miss Virginia Job's Daughters pageant, any expense from treatment requiring the services of a doctor and/or hospital must be met by the individual involved.

I hereby agree that medical personnel may administer first aid or other necessary medical treatment in the event of an emergency, and/or refer the patient to a local clinic or hospital for treatment.

______________________________________ ______________________________

Signed by Parent or Guardian Date