OHIO STATE FAIR JUNIOR HORSE SHOW
MEDICAL FORM

Full Name _____ Birthdate _____ County _____
Last First M.I.

Please circle all conditions that you have experienced:

Allergies Diabetes Other: _____

Fainting Asthma _____

Are you under a physician's care at this time? Yes / No If yes, please explain: _____

_____

Are you currently taking any medication? Yes / No If yes, please explain: _____

_____

Dr.'s Name _____ Phone _____

Address _____
Street City Zip

We hope that this information will never be needed, but we request that you please fill this form out completely. Lacking information can delay treatment at a medical facility for your young adult. This information will be kept in the Horse Show office. Horse Show personnel will rely on this form for medical information.

I,_____ , (parent's/guardian's name) give the Horse Show Staff permission to seek professional medical care for the participant in case of a medical emergency, illness, or injury. I give consent for any show staff to act in good faith and without willful misconduct as stated by the GOOD SAMARITAN LAW. I understand that the staff is not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions. All minor illnesses and injuries will be taken care of at the FIRST-AID CENTER. Medical emergencies will be taken to a more advanced medical facility. The Ohio State Fair is unable to pay for visits to the emergency room, doctors' offices, or for prescriptions.

In the event that verbal consent cannot be made by phone from the parent/guardian or either emergency numbers, I give written consent to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant named above. I understand that I am responsible for payment for the treatment.

_____
Parent's/Guardian's Signature Date