SUMMIT COUNTY FAIR HORSE SHOW
MEDICAL FORM

This form is Due at the time of Fair Registration (Closes June 1). Registration is not considered complete unless this is submitted. Can be submitted with Entry on Google Form, OR emailed to HorseCommitteeJFB@gmail.com

Please clearly and accurately print the following information:

Participant Name: _____ Birthdate _____

Medical Conditions: _____

Allergies: _____

Regular Medications: _____

Dr.'s Name: _____ Phone Number: _____

Emergency Contact 1: _____ Phone Number: _____

Emergency Contact 2: _____ Phone Number: _____

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 with the help of qualified individuals with the First-Aid Supplies we keep on hand. Medical emergencies will be taken to a more advanced medical facility. The Summit County 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 Printed Name Date