

2025 MEDICAL INFORMATION AND RELEASE FORM
MAHONING COUNTY JUNIOR FAIR BOARD YOUTH
PO BOX 250
CANFIELD, OH 44406

If medical care is required for _____ (name of Junior Fair Board member) in conjunction with any Junior Fair Board activity or related transportation, during the 2019 calendar year, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency personnel, a physician, or medical facility providing treatment.

Birth Date: _____ (month/day/year)

RELATED INFORMATION:

Parent or Guardian or Contact Person: _____

Address: _____
Street # City State Zip

Telephone: :(____) - _____ / (____) - _____ / (____) - _____
Home Work Cell

If Parent or Guardian or Relative is unavailable please contact:

Name: _____ Phone: (____) - _____

Name: _____ Phone: (____) - _____

Family Physician: _____ Phone: (____) - _____

Allergies: _____

Other medical conditions: _____

Taking the following medications: _____

SPECIAL INSTRUCTIONS:

As parent or guardian of the above named individual, please attempt to contact me at the time of an accident or illness without postponing medical treatment.

Other information or comments: _____

I have read this entire release, and have provided the correct information to the best of my knowledge. Check **ONLY one** of the following boxes and sign below:

I authorize appropriate medical care as deemed necessary by emergency personnel, physician, or medical facility providing treatment to be rendered to above named individual.

I do NOT authorize medical care.

Original Signature of Parent/Guardian/Individual Named

Date