

**2022 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