



Miss California's Outstanding Teen Competition

MEDICAL FORM

Name _____ Title _____

Executive Director: _____

Phone Number: _____ Cell Phone Number _____

Parent(s) Name(s): _____

Address: _____

Phone Number: _____ Cell Phone Number _____

Emergency Contact: _____

Relationship: _____

Address: _____

Phone Number: _____ Cell Phone Number _____

Physician's Name: _____

Address: _____

Phone Number: _____

Please list all medications and the reason why you are currently taking them:

Please list any known allergies:

Please list any pertinent medical history known (ex: seizures, asthma & diabetes):

Contestant Signature

Responsible Party Signature
(Parent or Guardian)

Date _____

APPOINTMENT OF HOSTESS, AUTHORIZATION TO ALLOW MEDICAL TREATMENT AND CONFIRMATION OF INSURANCE POLICY(S) PROVIDED

We/I the undersigned parent(s) or legal guardian(s) of _____, a minor who is a participant in the Miss California's Outstanding Teen Pageant, hereby appoint a member of the Hostess Committee, as attorney-in-fact for the purpose of authorizing, signing or entering into any authorization for medical treatment or surgery for the above named contestant by any licensed doctor or hospital, should, in the opinion of the Miss California's Outstanding Teen Board, the necessity therefore arises, and here-by release and hold harmless the hostess and the Miss California's Outstanding Teen, Inc., from any liability which would otherwise be incurred in the exercise of any of the acts designated herein.

I also hereby authorize the Miss California's Outstanding Teen Organization's designated physician, other appropriate health care provider and/or Miss California's Outstanding Teen Organization's designated registered nurse to perform medical treatment deemed necessary for: _____

I also certify the insurance policy(s) information (photocopy of insurance cards) provided with the contract is now in force and will be maintained through July 31, 20____. I understand that contestants are responsible for all medical/dental expenses incurred during the time in which they participate in Miss California's Outstanding Teen Competition activities and that neither the Miss California's Outstanding Teen Organization nor its medical insurance plan will be responsible for any such expenses. I certify that the above information is true and accurate.

This appointment and authorization shall begin at registration and shall expire following the Saturday night Miss California finals event, or upon written notice of the hostess and/or Miss California's Outstanding Teen, Inc., whichever shall first occur. If this contestant becomes Miss California's Outstanding Teen, this authorization will be valid until the end of her year of service.

Date: This _____ day of _____ (month & year).

(Parent(s) or Legal Guardian(s) name) (Parent(s) or Legal Guardian(s) signature)

(Contestant's Name) (Contestant's Signature)

STATE OF _____

COUNTY OF _____

Sworn To, Subscribed and Acknowledged before me on _____ day of _____, 20____, by

_____ who is/are personally known to me _____ OR who
has/have produced valid identification _____ Type of Identification Produced _____

NOTARY PUBLIC

(SEAL)

Notary Print Name

My Commission Expires _____