



# MISS CALIFORNIA'S OUTSTANDING TEEN MEDICAL FORM

Name \_\_\_\_\_ Title \_\_\_\_\_

Executive Director: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home 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 (parent or guardian)

Date \_\_\_\_\_

Date \_\_\_\_\_