

PRINCESS EMERGENCY CONTACT & MEDICAL INFORMATION

Provide the information listed below. The information will not be distributed outside Princess Program staff and will be only used in case of an emergency during pageant week.

Princess Name: _____

Who should be called in case of an emergency?

(1) Name: _____

Address: _____

Phone (C): _____ Phone(H): _____

(2) Name: _____

Address: _____

Phone (C): _____ Phone(H): _____

Medical History & Information:

Family Physician: _____

Physicians Phone number: _____

Medications which cause an allergic reaction: _____

List all other known allergies (Non medication): _____

List all prescribed medications currently taking: _____

List all over-the-counter medications currently taking: _____

Any physical problems that could cause discomfort: _____

Additional people the Princess can be released to and relationship to Princess:

Name: _____ Relationship to Princess: _____

Name: _____ Relationship to Princess: _____

