

Wisconsin FFA Band/Choir Health Form

Participant Full Name _____

Cell Phone _____ Home Phone(if applicable) _____

Parents Name _____ Street Address _____

City & State _____ Parents Emergency Phone _____ Text ok? _____

FFA Chapter _____ Age _____

Medical Information

Doctor _____ Doctor's Phone _____

Clinic Name and Address _____

Please check if your child has a history of any of the following;

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergies (Specify) _____	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Seizures	<input type="checkbox"/> Kidney
<input type="checkbox"/> Eyes, Ears, & Throat Problems	<input type="checkbox"/> Asthma
<input type="checkbox"/> Neurological Problems	<input type="checkbox"/> Eczema

If any are checked above, please explain below;

List any current medications. (name, dosage, times to be taken, order provider) **Medication must be in the original container**

List any other health problems not mentioned.

In the case we need to do contract tracing, has your child been vaccinated for COVID-19? _____

Emergency Contact (other than parent/guardian)

Name _____

Home Phone _____ Cell Phone _____

Health Insurance Information

Name of Health Insurance Company _____

Address _____

Health Insurance Number _____

I hereby give my consent to the assigned chaperone to take the above named child to a physician in case of emergency or serious illness, deemed so by the chaperone, and give permission to the physician to perform any necessary treatment, if I am unable to be contacted.

To participate in the State Fair Youth Expo and stay at the dorm, you must review and agree to rules posted at this link:

http://www.wistatefair.com/pdfs/competitions/entry_info/youth_expo_rules_and_regs.pdf

I have reviewed and agree to these rules:

Parent Signature _____

Date _____

Participant Signature _____

Date _____