

North Ridgeville Corn Festival Junior Corn Festival Committee Emergency Contact Form

Jr. Committee Member: _____

Emergency Contact 1:

Name: _____

Home Phone: _____

Cell Phone: _____

Relation: _____

Emergency Contact 2:

Name: _____

Home Phone: _____

Cell Phone: _____

Relation: _____

Are there any special medical conditions we should know about (to remain confidential between the JrCFC Chairs, with this document being destroyed after the festival)? Please list any medications that the volunteer will carry. _____

In the event of a severe medical emergency (one that cannot be treated on site by the first aid team), which of the following would you like us to do:

_____ Transport the patient to the hospital if deemed necessary by the first aid team.

_____ Other: _____

Signed:

Parent or Guardian

Date