Local Pageant Medical Form

Name _____ Age _____

Email_____ Cell number _____

Mother's Name _____ Cell number _____

Father 's Name _____ Cell Number _____

What medicines are you taking? _____

_____

Known allergies: _____

_____

Do you have any on-going chronic condition(s)? _____

_____

Have you had seizures in the past? _____

Do you take insulin? _____

Do you carry an Epi pen? _____ Where is it located today?_____

Do you use an inhaler? _____