

****Miss Eastvale Pageant Medical Release Form****

Participant Information:

- Full Name of Contestant:
- Date of Birth:
- Parent/Guardian Name:
- Address:
- Phone Number:
- Email Address:
- Emergency Contact Name:
- Emergency Contact Phone Number:

Medical Information:

- Allergies (food, medication, etc.):
- Current Physician's Name:
- Physician's Address:
- Physician's Phone Number:

Insurance Information:

- Insurance Provider:
- Policy Number:
- Group Number:
- Policy Holder's Name (if different):
- Policy Holder's Date of Birth (if different):

Medical Authorization and Consent:

I, _____ [Parent/Guardian Name], the undersigned, hereby authorize the Miss Eastvale Pageant organizers, staff, and medical personnel to administer necessary medical treatment, including but not limited to emergency first aid, hospitalization, medical procedures, and medications, to my child, [Participant's Name], in the event of illness, injury, or any other medical condition that may arise during their participation in the Miss Eastvale Pageant.

I also authorize the release of medical information and records related to my child's health and treatment to the designated emergency contacts and medical professionals involved in their care.

I understand that every effort will be made to contact me in case of a medical emergency. However, if I cannot be reached, I hereby authorize the Miss Eastvale Pageant organizers to make medical decisions on my behalf, considering the best interests of my child.

I confirm that my child is physically and mentally fit to participate in the Miss Eastvale Pageant activities.

Parent/Guardian Signature: _____

Date: _____