

## Elizabethtown Fair August 17-24, 2024

Child (ren)'s Name (First and Last)	Child (ren)'s grade level they will enter in the fall	Child (ren)'s age on August 1 <sup>st</sup>

**Contact Information:**

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child(ren)'s  
Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Any special needs that your child has that we should be aware of so that we can best work with them:

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Please list facts concerning the child's medical history, including allergies and medications being taken, and any physical impairment to which a physician should be alerted.

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**I grant permission:**

- I give my permission for my child(ren) to volunteer/participate at the Elizabethtown Fair.
- In the event of illness or accident, having parental responsibility for the above named child(ren), I give permission for the first aid to be administered where considered necessary by a person trained in first aid, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- If I cannot be contacted and my child(ren) should require emergency hospital treatment, I authorize an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.
- I understand that by my child(ren)'s participation in activity his/her picture could be taken and used by the Elizabethtown Fair for publicity use only.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_