Elizabethtown Fair
August 24 –29, 2026
The Barnyard by Blosser Marketing
Volunteer Permission Form

Please list child/children volunteering – first & last name	Age

Contact Information:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

E-mail:_____

Address: _____

Emergency Contact Person: _____ 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:

_____

_____

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 in case of emergency.

_____

_____

I grant permission:

- I give my permission for my child/children to volunteer/participate at the Elizabethtown Fair.
- In the event of illness or accident, having parental responsibility for the above-namedchild(ren), I give permission for the first aid to be administered where considered necessary by a person trained in first aid 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: _____