

# 36<sup>TH</sup> DISTRICT AGRICULTURAL ASSOCIATION FIRST AID PARENT PERMISSION FORM FOR LIVESTOCK EXHIBITORS

Youth exhibiting livestock at the Dixon May Fair is required to have the following form completed and signed by a parent/guardian. This First Aid Form must be submitted with your entry forms. This form must be on file before the exhibitor will be allowed on the fairgrounds with their animals. Parents/Guardians must file a "First Aid Parent Permission Form" for each exhibitor.

Exhibitors Name: \_\_\_\_\_ Age \_\_\_\_\_

Of Chapter/Club/School \_\_\_\_\_, has my permission to seek first aid treatment at the

Dixon May Fair First Aid Station during his/her stay. In my absence, it is understood that our leader/advisor or designated onsite

person \_\_\_\_\_, who can be reached by calling their cell phone number: \_\_\_\_\_ will be notified of any  
Name of leader/advisor or designated onsite person to be contacted Cell phone number

Injury and will be promptly advised of what further medical treatment, if any, may be required.

Name of Emergency Contact Person, if parent cannot be reached: \_\_\_\_\_

Phone Number of Emergency Contact Person, if parent cannot be reached: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact Phone #

My child has had a Tetanus Toxoid Booster on this Date: \_\_\_\_\_

\_\_\_\_\_ My child has NO known allergies to medication.

\_\_\_\_\_ My child IS ALLERGIC to the following medication(s):  
\_\_\_\_\_  
\_\_\_\_\_

Other health concerns to be aware of: \_\_\_\_\_