

Livestock Fur & Feathers

FIRST AID PARENT PERMISSION FORM

Each youth exhibitor is required to have the following form completed and signed by a parent/guardian and returned to the Livestock Office.

EXHIBITOR NAME: _____ AGE: _____

The above-named exhibitor has my permission to seek first aid treatment at the Fresno Fairgrounds First Aid Station during his/her stay.

In my absence, it is understood that our group leader, _____, will be notified of any injury and will be promptly advised of what further medical treatment, if any, may be required.

_____ Phone () _____
Parent/Guardian Signature

Parent's Name PRINTED _____

My child has had a **Tetanus Toxoid Booster** on: Month _____ Year _____

My child has an Allergic condition that allows him/her to carry an **EPI PEN**.

(LIST ALLERGIES AND PLAN OF ACTION FOR EPI PEN-PLEASE ATTACH A DOCTORS DIRECTIVE FOR ADMINISTERING EPI)

_____ My child has **NO KNOWN ALLERGIES** to medication.

_____ My child **IS ALLERGIC** to the following medication(s):

Other health problems to be aware of: _____