

**North Ridgeville Corn Festival
Junior Corn Festival Committee
Emergency Contact Form**

Jr. Committee Member: _____

<p>Emergency Contact 1:</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Relation: _____</p>
<p>Emergency Contact 2:</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Relation: _____</p>
<p>Are there any special medical conditions we should know about (to remain confidential between the JrCFC Chairs, with this document being destroyed after the festival)? Please list any medications that the volunteer will carry. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>In the event of a severe medical emergency (one that cannot be treated on site by the first aid team), which of the following would you like us to do:</p> <p>_____ Transport the patient to the hospital if deemed necessary by the first aid team.</p> <p>_____ Other: _____</p> <p>_____</p>
<p>Signed:</p> <p>_____</p> <p>Parent or Guardian</p> <p>_____</p> <p>Date</p>