Medical Security Consent Form

Full Name:

State:

Insurance Company:

Policy Number:

Emergency Contact &
Phone #:

Do you have any other on-going medical conditions for which you are currently receiving treatment? _____ If so please explain:

_____

Do you have any allergies (*including to any medications, foods, animals or insects*)? _____ If so, please describe in detail:

_____

Do you have any of the following conditions: Diabetes, Asthma, High Blood Pressure, Epilepsy? _____ If so, please describe in detail:

_____

Are you currently taking any medications (*prescription or non-prescription*)? _____ If so, please describe in detail:

_____

Do you have any physical limitations, restrictions or impairments? _____ If so, please describe in detail:

_____

Please describe any additional medical or health-related information: _____

_____

IN CASE OF EMERGENCY, I authorize the Miss Nationwide Foundation & Pageant, each of its respective parent, subsidiary, and affiliate companies, and each of their respective agents, employees, representatives, contractors and staff, to arrange for or provide such medical assistance to me as any of them determine to be necessary.

IN CASE OF EMERGENCY, I also authorize any physician, other medical or paramedical provider, and any medical facility to provide any medical or surgical care, including without limitation anesthetization and hospitalization, to me which any of them may determine to be necessary or advisable, pending receipt of a specific consent from me.

(ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD)

Signature of Contestant: _____ Date: _____

Printed Name: _____