California Mid-State Fair
16th District Agricultural Association
2198 Riverside Ave
Paso Robles, CA 93446

MEDICAL TREATMENT FORM

Name of Exhibitor:_____   Birthdate:_____

Name of Parent:_____Emergency Phone #:_____

Signature of Parent:_____

Date:_____

My Child has my permission to attend the California Mid-State Fair located at or near Paso Robles in California between the dates of:

Wednesday, July 18th and Sunday, July 29th, 2018.

I hereby certify that my child is in good health and can travel to and participate in this 4-H/FFA function.

While my child is attending or traveling to or from this function**, I HEREBY AUTHORIZE THE ADULT 4-H/FFA LEADER OR STAFF MEMBER,** or in his/her absence or disability, any accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.: or any X-ray examinations, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided.

It is further agreed that all parties signing this form have read, understands and agrees to the Medical Treatment made a part here in.

Submission of this completed document is required before entries can be officially accepted by the California Mid-State Fair.