

WISCONSIN STATE FAIR

Presented By  U.S. Cellular

2018 Tommy G. Thompson Youth Center Junior Exhibitor Health Certificate

All Junior Exhibitors staying in the Youth Center must have a current Health Certificate (both pages) on file no later than July 15th. Health Certificates can be mailed with entries, uploaded with online entries or faxed to 414.266.7057 (Attn: Agriculture Department). All health certificates must be on file before the participant is allowed to check-in.

(Please Print NEATLY)

PARTICIPANT INFORMATION (Junior Exhibitor)

_____	_____	_____	
Last Name, First Name	County	Activity (i.e. Jr Dairy, Clothing, etc.)	
_____	_____	_____	_____
Address	City	Zip	List: Female Male
_____	_____	_____	_____
Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)	Date of Birth	Age

PARENT/GUARDIAN OF JUNIOR EXHIBITOR

_____	_____	_____
Last Name, First Name	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)
_____	_____	_____
Address (if different from above)	City	Zip
In case of emergency and parent/guardian cannot be reached, please contact:		
_____	_____	_____
Emergency Contact	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)

HEALTH CARE INFORMATION

_____	_____
Name of Insurance Company	Policy Number
_____	_____
Primary Care Physician	Phone Number
_____	_____
Dentist	Phone Number

ADDITIONAL INFORMATION

For the protection of the health and welfare of all who stay in the Wisconsin State Fair Tommy G. Thompson Youth Center, it is necessary to obtain the information requested below. This information will only be accessed in the event of an emergency. If you are under the care of a family physician, his or her advice regarding your health protection should be stated and included.

1. Date of most recent Tetanus Shot (must be within last ten years): _____ (Month and Year)
2. Allergies: Please circle any allergies Insect Medication Food Other: _____
Please list allergen and potential reaction: _____
3. Is an EpiPen[®] required and carried? YES NO
Does this participant require an accommodation or have any limitations or restrictions (including diet)? YES NO
Please describe: _____
4. Is an inhaler required and carried? YES NO
5. Please list any additional health concerns: _____

