

ACYFLS Emergency Card

Exhibitor Name: _____ Date of Birth ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code _____ Phone: _____

1) Person to Contact in case of an Emergency: _____

Best Number to Call: During Daytime: _____ Evening: _____

2) Person to Contact in case of an Emergency: _____

Best Number to Call: During Daytime: _____ Evening: _____

Current Medications: _____

Allergies: _____

Doctor Name: _____ Phone: _____

Hospital Preference: _____

I attest that the above information is true and correct to the best of my knowledge. I give the Alachua County Youth Fair and Livestock Show, Inc. the authority to seek medical care for my child in the event there is an emergency and I cannot be reached.

Print Parent Name

Parent Signature Date

Date