



2017 YOUTH CENTER – Specialty Groups

FORM MUST BE POSTMARKED BY JUNE ~~7~~² AND SENT TO:

~~Wisconsin State Fair – Agriculture Department, 640 S 84th St, West Allis, WI 53214~~

Wisconsin FFA Center, P.O. Box 110, Spencer, WI 54479

All participants staying in the Youth Center must read ALL the rules and regulations in the "Youth Center Rules and Regulations" which can be found on www.wistatefair.com. Additionally, all participants must fill out a Youth Center Health Certificate and mail with this form.

FILL IN ALL INFORMATION BELOW

DATE / / MALE FEMALE / / DATE OF BIRTH

NAME (PLEASE PRINT) _____

STREET OR ROUTE NUMBER IN FULL _____

CITY/STATE/ZIP CODE _____

COUNTY _____

PHONE NUMBER (include area code) _____

EMAIL ADDRESS (Optional) – By providing an email address Wisconsin State Fair will email you rule updates and Fair information.

Signature of Parent/Guardian (If Under 18) _____

Signature of Participant – I acknowledge I have read all rules, regulations and conditions as stated in the "Youth Center Rules and Regulations" (if staying in the Youth Center) on www.wistatefair.com. My signature implies acceptance of these rules, regulations and conditions and I will abide by said rules, regulations and conditions.

POST MARKED _____

ENTERED BY _____ DATE _____

ACTIVITY

Please select the activities that you are participating in.

Dairy Demo Herd

Discovery Barnyard

Fair Camp

Milk Parlor

Other FFA Honors Band and Chorus

Circle **all the nights** you are intending to stay in the Youth Center.

Monday, July 31 (ONLY Discovery Barnyard/Other)

Tuesday, August 1

Wednesday, August 2

Thursday, August 3

Friday, August 4

Saturday, August 5

Sunday, August 6

Monday, August 7

Tuesday, August 8

Wednesday, August 9

Thursday, August 10

Friday, August 11

Saturday, August 12

Total number of nights 3
DO NOT attach a Youth Center payment.

WISCONSIN STATE FAIR

Presented By  U.S. Cellular

2017 Tommy G. Thompson Youth Center Specialty Group Health Certificate

Both pages of this health certificate must be completed and submitted to Wisconsin State Fair to be eligible to stay in the Youth Center during the Fair. Specialty Groups must submit this certificate by July 15th (Fax: 414.266.7057 – Attn: Agriculture Department or via mail: Wisconsin State Fair, Agriculture Department, 640 S 84th St, West Allis WI 53214). 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: _____

Participant Name: _____

MEDICATION INFORMATION

Participant is allowed to take the following over-the-counter medications while lodging in the Youth Center:

- Acetaminophen (Tylenol) Aspirin Benadryl Ibuprofen None

Other: _____

Participant requires prescription medication while lodging in the Youth Center YES* NO

If yes, please complete the following information:

Name of Prescription Medication	Treatment Purpose	Dosage (i.e. mg, ml)	Time(s) of day administered	Side Effects	Prescribing Physician	Physician Phone Number

Please describe any special instructions or additional information regarding medication:

*For security and liability reasons all people staying in the Youth Center are encouraged to turn medications into the health room (2nd floor) during check-in. The health room will be supervised with 24 hour access. Youth Center staff are not responsible for the administration and oversight of the medication plan. Prescriptions must come in original packaging.

MEDICAL CONSENT (Junior Exhibitor & Exhibitor's Parents; Adult Facilitators DO NOT need to sign this form)

If your son/daughter or ward will be under the age of 18 years while lodging in the Youth Center, it is our policy to secure consent for all of the following. By signing below as parent/guardian,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I confirm I have read the "Youth Center Rules and Regulations" (located on wistatefair.com) and the youth can participate in planned activities.
- I am aware of and accept the risk inherent in the program activity.
- I attest all information on both sides of this form is correct.
- I agree to hold harmless and indemnify Wisconsin State Fair, their officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward while lodging in the Youth Center.

Participant Signature _____ Parent/Guardian Signature _____ Date _____

To be completed by Youth Center Staff at check-in

Are there any changes to the participant's health status, medications or other related information since this form was completed?

- Yes No

Please describe:

