

WISCONSIN STATE FAIR

Presented By  U.S. Cellular

2018 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 (Youth Under 18 Years)

_____	_____	_____	
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 PARTICIPANT

_____	_____	_____
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: _____

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2018 Tommy G. Thompson Youth Center Adult Facilitator Health Certificate

This health certificate must be completed and on file with Wisconsin State Fair to be eligible to check in and stay in the Youth Center during the Fair. This certificate must be submitted with the Adult Facilitator Application.

(Please Print NEATLY)

PARTICIPANT INFORMATION (Adults 18 Years and Over)

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

In case of emergency please contact:

_____	_____	_____
Emergency Contact	Emergency Contact Primary Phone Number	Emergency Contact Secondary Phone Number

HEALTH CARE INFORMATION

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

MEDICAL CONSENT (ADULT FACILITATOR)

It is our policy to secure consent for all of the following. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury to myself.
- I confirm I have read the "Youth Center Rules and Regulations" (located on wistatefair.com) and I 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 my actions while lodging in the Youth Center.

Participant Signature

Date