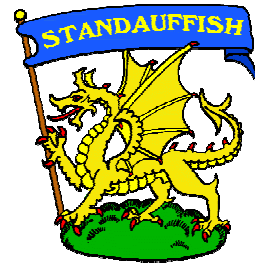


Medical Information Form



Legal Name: _____ (Print Full Legal Name)

Age: _____ Birth Date: _____ Male ___ Female ___

Emergency Contact: _____

Address: _____

Phone: _____ Relationship: _____

Do you have any Allergies, especially food: _____

List and medications currently used on a regular Basis: _____

List and health problems or disabilities: _____

List any restrictions to activity: _____

Please complete the following if applicant is a minor:

I, _____ parent or legal gaurdian to the above named person hereby allow Blue Knight Productions Inc and or the Isle of Standauffish Renaissance Guild Inc., its associated groups, and or members to obtain medical treatment for the above named person at any of our sponsored events, should it be required.

Signature: _____ **Dated:** _____