

**PRINCESS**  
**EMERGENCY CONTACT & MEDICAL INFORMATION**

Please mail completed questionnaire by July 25th to:

Jennifer McKenna  
3535 Lake Sarah Drive  
Orlando, FL 32804

Provide the information listed below. The information will not be distributed outside MAOTeen staff and will be only used in case of an emergency during pageant week.

State:

Princess Name:

While in Orlando, Who should be called in case of an emergency?

(1) Name:

Address:

Phone (C):

Phone (H):

Hotel staying at in Orlando:

Arrival Date:

(2) Name:

Address:

Phone (C):

Phone (H):

Hotel staying at in Orlando:

Arrival Date:

**Medical History & Information:**

Family Physician:

Physicians Phone number:

Blood Type:

Medications to which you have an allergic reaction:

List all known allergies (Non-medications):

List all prescribed Medications you are currently taking:

List all over-the-counter medications you are currently taking:

List all vitamins and/or supplements you are currently taking:

Any physical problems that could cause you discomfort:

List of people who the Princess can be released to and relationship to Princess:

Name:

Relationship to Princess:

Name:

Relationship to Princess:

Name:

Relationship to Princess: