



Emergency Information Form

Contestant Name: _____

List any dietary restrictions:

List any allergies/reactions:

.....

Emergency Contact:

Name: _____

Phone (Home): _____ Phone (Cell): _____

Should a medical emergency arise, the Miss Maine Staff has the right to act on the contestant's behalf to ensure the well-being of said contestant. As the Emergency Contact, I will be notified immediately.

Emergency Contact Signature

Parent Signature (If under 18)