MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name ________________________________ Birthdate _________________ Sex _______
Social Security # ______________________________ Phone ____________________________
Address _____________________________ City _________________ State ____ Zip __________
Medical insurance ___________________________________ # ___________________________

Father's Name ______________________________ Home Phone __________________________
Office Phone __________________________ Mobile Phone ____________________________
Address ___________________________ City __________________ State _____ Zip __________
Medical insurance ____________________________________ # __________________________

Mother's Name ______________________________ Home Phone __________________________
Office Phone __________________________ Mobile Phone ____________________________
Address _____________________________ City _________________ State _____ Zip _________
Medical insurance ____________________________________ # __________________________

Physician's Name _________________________________ Phone _________________________

MEDICAL HISTORY

Weight __________ Height ___________ Last Tetanus shot (Date) _________________________
Medication allergies ____
Medications receiving now ____
Medical history (i.e., recent surgery, diabetic, chronic illness) _________________________
____
____
Person to notify in case of accident or illness if parents are not available
Name______________________________________ Phone _____________________________
Relationship to child:____________________________

I, ______________________, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of ________ to ________.

____Emergency Surgery
____First Aid
____Both of the above
____None of the above

(One of the types of treatment must be marked.)

Signature of Parent/Guardian ____

Subscribed and acknowledged before me this _____ day of ___________, _____
by __________________________, who is personally known to me or who has
produced ____________________ as identification.

(Notarial Seal) Notary Public, State of Florida