
Date of last Tetanus shot _____

Contact Lenses? (Type) _____

Any swimming restrictions? _____

Activity Restrictions _____

Is the child under any special medical treatment or diet that needs to be continued?

INSURANCE INFORMATION:

Insurance Company: _____

Insurance Policy # : _____

Insurance Certificate # : _____

If the situation permits, my first choice of hospital is:

****Please understand that depending upon the serious of the situation, your child may be transported to the nearest hospital.**

In case of medical or surgical emergency, I hereby give permission to the physician selected by: (school / church / group) _____ or his/her representative to hospitalize and/or secure proper medical treatment for my above named child.

I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Parent/Guardian Signature

Date