

What treatment is required for allergy? _____

Any other health issues that we should be aware of? _____

Date of Last Tetanus Shot (required) _____

May adults in charge administer (circle) Aspirin – Y/N Tylenol – Y/N Advil – Y/N
Excedrin – Y/N Aleve – Y/N

Name of Family Physician _____

Address _____

Number and Street

City

State

Zip

Insurance Coverage

Insurance Company _____ Phone () _____

Policy Number: _____ Group # _____

I hereby give permission to the Physician selected by the adult in charge of the East Lake United Methodist Church/Children's Activity to order X-Rays, routine tests and treatment for the health of my child, and in the event that I can not be reached in an emergency, I hereby give permission to the Physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above.

Parent or Guardian Signature _____ Date _____

STATE OF FLORIDA: COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, year 2012. By _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Signature of Notary

Name of Notary, printed or stamped

Notary Public

(Serial Number, if any)