

Form stays in Local Church

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____

Cell Phone # _____ Phone # _____

Address _____ City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Father's Name _____ Home Phone _____

Cell Phone _____ Office Phone _____

Address _____ City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Office Phone _____

Address _____ City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot _____

Food allergies _____

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.)

ALL MEDICAL CONSENTS MUST BE NOTARIZED

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 signature, State of Florida