



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?

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Home address \_\_\_\_\_  
Street City State Zip

**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.**