

PARENTAL PERMISSION AND MEDICAL CONSENT

Name of child _____

Name of Parent(s) or Guardian(s) _____

Child's Date of Birth ___ / ___ / ___ Child's Social Security Number ___ / ___ / ___

Address _____

The undersigned being the lawful parent(s) and / or guardian(s) of the above child (the child) hereby consent to the participation by the child in _____ (describe activity) conducted by _____ ((name of organizer) and to the participation of child in all the events relating to the activity on _____ through _____.

(Insert start and finish dates)

The undersigned hereby certifies that the child is able to participate in the above activity without limitation, except the following _____

(List any restrictions(s) and/or any activities the child is not allowed to engage in.)

The undersigned hereby further authorizes any of the employees, agents and/or representatives of the Organizer to (I) provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, (II) employ any physicians, dentists, nurses or other person whose services may be needed for such health care, (III) review and, if necessary, disclose the contents of any confidential medical records, and (IV) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

The undersigned acknowledges completion of a health history form which is attached hereto. (Please list any updates to be noted since completion of the most recent form)

If there is no medical emergency the Organizer will first use reasonable efforts to contact the parent and/or guardian before agreeing to authorize any treatment.

Emergency contact numbers: _____

Notwithstanding any of the provisions of this consent form, Organizer shall not have the authority to withhold or withdraw lifesaving procedures for the child.

Parent or Guardian
Individually and on behalf of the Child

Parent or Guardian
Individually and on behalf of the Child.

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2006, by _____, who is personally known to me ___ or who produced _____ as identification.

Notary Public, State of Florida