

ANNUAL PERMISSION/MEDICAL RELEASE FORM

Suncoast Cathedral 2008

Please type or print

Name: _____

Addr: _____

City: _____ Fl. Zip _____

Birth Date: _____ Phone: _____

CHILDREN'S MINISTRIES (including Royal Rangers and Missionettes)

Have you ever been treated for any of the following? (if yes, circle)

Heart Disease	Asthma
Seizures	Allergies
High Blood Pressure	Bronchitis
Diabetes	Other _____

Please provide any additional information about any items (circled) above: _____

Please complete in event of hospitalization.
Name of Insured: _____

Medical/Hospital Insurance Company: _____

Policy or Certificate Number: _____

Employer: _____

Employee's Group/Badge No: _____

I hereby give my permission for my CHILD to attend all CHILDREN'S MINISTRIES events for 2008 and authorized medical treatment in case of any medical emergency. I accept responsibility to update this form if changes in my CHILD'S medical condition, etc. occur (see CHILDREN'S PASTOR). I want to make you aware of the following medical problems: _____

Parents Signature: _____

Date: _____

Notify in an emergency.

Name: _____

Addr: _____

City: _____ Fl. Zip _____

Emergency Phone: (_____

Relationship: _____

Date of last Tetanus booster: _____

Does your child wear: (if yes, circle)

Contacts _____ Glasses _____

Dental Appliances _____ Other: _____

Please identify any physical impairments or limitations: _____

Please list any medications being taken: _____

Please state if your Child is (circle one)
a swimmer _____ a non-swimmer _____

State of Florida

County of Pinellas

Before me personally appeared _____

_____ to me well known

and known to me to be the person described in

and who executed the foregoing instrument:

and acknowledged to and before me that _____

_____ executed said

instrument for the purposes therein expressed.

witnessed my hand and official seal, this

_____ day of _____

Seal

Notary Public

State of Florida