

# Minor's Medical Information, Consent, and Release

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## Part I: Medical Information

Notify in emergency:

Name: \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION:

Name of insured (Policy Holder): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any allergies to: (please check or X all appropriate responses)

\_\_\_\_\_ Prescription Medications \_\_\_\_\_ Food Items

\_\_\_\_\_ Over-the-counter Medications \_\_\_\_\_ Stings/Bites

Please explain allergies and medications necessary for treatment of a reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all medications you are currently taking, including over-the-counter medications, vitamins, and herbal supplements: \_\_\_\_\_

\_\_\_\_\_



**Part II: Consent and Release**

I, the undersigned parent or guardian, hereby consent to have my child participate in events sponsored by Network of Hope, Bradenton, Florida. I certify that my child is able to participate in any or all activities. My child also has my permission to ride in a bus or van. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached, I hereby authorize the adult sponsor to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them above.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Network of Hope and its agents and employees, harmless from any and all liability, actions, causes if actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and terms of the release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Personally known \_\_\_\_\_ Produced identification \_\_\_\_\_ Typed Produced \_\_\_\_\_