

INSURANCE INFORMATION

Do you currently have health insurance? (Check one) _____ Yes _____ No

If yes, name of insurance: _____ Policy No: _____

Please provide a copy of front and back of your insurance card.

**AUTHORIZATION FOR MEDICAL TREATMENT
AND RELEASE OF LIABILITY**

I, _____, being the parent/guardian of the aforementioned child, hereby give permission for my child to receive any necessary medication, emergency hospitalization, surgery, or treatment recommended by a doctor, should my child suffer from any illness or accident requiring medication, emergency hospitalization, surgery or treatment while at a Hollywood Hills Homeschoolers (HHH) event. I understand that the leader/teacher will contact me at the earliest possible moment to advise me of my child's condition. I will pay for any medical expenses so incurred.

My child has my permission to attend HHH events and I will not hold the First Baptist Church of Hollywood (FBCH), Hollywood Hills Homeschoolers (HHH), staff, or volunteers responsible for any injury incurred by him/her.

BY SIGNING BELOW I ACKNOWLEDGE:

That I give permission for my child to be photographed and understand that the photos may be used in HHH media (including our website) or FBCH media & website to demonstrate and promote HHH activities.

Print Name: _____

Signature of Parent/Guardian: _____

Date: _____

**STATE OF FLORIDA
COUNTY OF BROWARD**

SWORN TO AND SUBSCRIBED before me this day of _____ 20____

By _____, who is personally know to me or who has provided identification.

NOTARY PUBLIC
_____ Personally known to me
_____ Provided Identification
Type of ID provided

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

In the event of any emergency, the leader will contact parents/guardians at the earliest possible moment.

However, as contact cannot always be made immediately;
we need medical information and emergency permission granted, signed and notarized.

PERSONAL AND MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Home Address: _____

City, State and Zip Code: _____

Home Phone: _____ Email: _____

Mom's Cell No.: _____ Mom's Work No: _____

Dad's Cell No: _____ Dad's Work No: _____

Name of child's Doctor: _____ Doctor's Phone No.: _____

PERSON (OTHER THAN PARENTS) TO NOTIFY IN THE EVENT OF AN EMERGENCY:

Name: _____ Phone No: _____

Does your child suffer from allergies to any of the following? If yes, please explain.

Foods: _____ Medicines: _____

Plants: _____ Insect Bites: _____

Does your child take any medications on a regular basis ? (Check one) _____ Yes _____ No

If yes, what medications? _____

Please list any other medical conditions we should be aware of:

Volunteers may give my child the following over-the-counter medication as may be needed. (YES or NO) _____Aspirin _____Tylenol _____Advil

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

I understand that my child will be participating in a number of activities for the calendar year 20____, which may carry with them a certain degree of risk. Some of the activities might be swimming, boating, hiking, camping, field trips, sports, and other activities which HHH may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

_____ I will notify HHH if I feel there are any other health considerations that would prevent my child participation in any of the activities listed above.