

SPACE COAST CREW
Emergency Medical Authorization

PERSONAL HEALTH AND MEDICAL HISTORY -To be filled out by parent or guardian. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age ____ Sex ____

Name of parent or guardian _____ Telephone _____

Cell or alternate number _____ Cell or alternate number _____

Home address _____ City _____ State _____ ZIP _____

Business address _____ City _____ State _____ ZIP _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES Food, medicines, insects, plants. Yes ____ No ____ Explain _____

GENERAL INFORMATION	YES	NO		YES	NO
Asthma	___	___	Diabetes	___	___
Cancer/leukemia	___	___	Heart trouble	___	___
Convulsions/seizures	___	___	Hemophilia	___	___
High blood pressure	___	___	Kidney disease	___	___

Explain: _____

List any medications taken regularly: _____

List any physical or behavioral conditions that someone seeking medical attention for your son or daughter should be aware of: _____

IMMUNIZATIONS (give date of last inoculation)

Tetanus toxoid _____

PARENT/GUARDIAN STATEMENT

In case of emergency, I understand every effort will be made to contact me, my spouse or next of kin. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son or daughter.

Date _____ Signature _____

OFFICIAL SEAL

State of Florida, County of Brevard

Sworn to and subscribed before me this _____ day of _____, 20____.

By _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

Typed, Printed or Stamped Name of Notary

My Commission Expires

Notary Public Commission Number