

THE TABERNACLE CHRISTIAN SCHOOL

4141 DeSoto Road

Sarasota, Florida 34235

(941) 365-1050 (941) 358-7051 (Fax) TCS@TheTabSarasota.org (E-Mail)



MEDICAL HISTORY AND AUTHORIZATION

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____
(street) (city) (state) (zip)

Father _____ Mother _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

If above person is not available for emergency, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

In case of emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give my permission to the physician selected by The Tabernacle Christian School staff to secure proper treatment for my child. This may include hospitalization, anesthesia, surgery or injections of medication for the health and well being of my child. **I also agree to accept responsibility for the cost of any medical services and transportation.**

Date _____ Signature of Parent or Guardian _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ who is personally known by me or who has

produced _____ as identification, and did/did not take an oath.

Notary Public (print) _____

Signature of Notary _____

MEDICAL INFORMATION (past or present) - please check (If you check yes on any of the below, please explain)

Asthma yes ___ no ___ Heart Disease yes ___ no ___ Leukemia yes ___ no ___

Allergies yes ___ no ___ High blood pressure yes ___ no ___ Cancer yes ___ no ___

Convulsions yes ___ no ___ Diabetes yes ___ no ___ Hemophilia yes ___ no ___

Explanations _____

Allergies/Allergic reactions _____

Any reason to restrict full activity? yes no If yes, what ? _____

Any special equipment such as orthopedic or handicap devices, glasses, contacts, dentures ? yes no If yes, what? _____

Any special directions (medicine, etc.) _____

Date of last tetanus shot _____