



IMMUNIZATIONS AND MEDICAL CONSENT

1. "My child has had a TETANUS BOOSTER within the past 10 years." Yes No
(An updated tetanus booster is required every 10 years.)

"In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a licensed physician or health care professional for:"

Participant's Name _____

2. What medication (s), if any, will your child be taking during this activity (and for what purpose)?

3. Has your child been treated or being treated for any disease, health conditions or allergies that we need to be aware of? Yes No If so, please list.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____