

FOREVER BLOOM ALLIANCE VOLUNTEER HEALTH STATEMENT



Please complete and sign this Volunteer Health Statement form and return it to the FBA volunteer/project coordinator: Forever Bloom Alliance, Inc, 6927 SW 115 Place, Suite A-38, Miami, Florida, 33173

1. Participant's Name: _____ Age: _____

2. Parent or Guardian (1): _____

Telephone: Home _____ Work _____ Cell _____

3. Parent or Guardian (2): _____

Telephone: Home _____ Work _____ Cell _____

4. In case parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

5. Physician's Name: _____

Telephone: _____

If applicable, complete the following:

a. My child has the following disability and/or medical problem: _____

b. My child has the following allergies: _____

c. My child cannot participate in the following physical activities: _____

d. My child is presently on the following medications: _____

I authorize medical treatment for my child in case of accident or illness during the project.

Parent/Guardian Signature: _____ Date: _____