



**Albert Whitted Airport
Preservation Society, Inc.**
A Florida Corporation Not for Profit
Child's Health History

Name of Child: _____ Date of Birth: ____/____/____

Does your child have any Medical Concerns?			
Allergies	Yes	No	If so, Explain
Medications	Yes	No	If so, Explain
Motion Sickness	Yes	No	If so, Explain
Other health concerns	Yes	No	If so, Explain

Should your child be restricted from any activity? ____ Yes ____ No If yes, list: _____

Any additional information we might need to know _____

_____ Medication Administration: Albert Whitted Airport Preservation Society, Inc. (AWAPS) and Fly St. Pete
Initial has a **NO MEDICATION** Administration Policy. If your child requires a life sustaining medication a Consent form for administration of medication must be completed by parent/legal guardian and given to the Summer Camp Director for approval. Fly St. Pete has the right to refuse to accept medication and/or refuse to administer medication. If accepted all medication must be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter medications.

_____ If child has suffered a serious accident or illness within the past twelve months or is subject to a more
Initial serious health condition or if there is any question about activity restriction, at the discretion of the Education Director further information or specific permission to participate in activities may be required for which the doctor may be contacted and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Fly St. Pete's program may be made.

_____ In the event my child suffers any illness or accident requiring emergency treatment while involved in any
Initial Fly St. Pete activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me except where covered by board accident insurance policy. In the event of sickness or accident, I waive all claims against volunteers, staff, Albert Whitted Airport Preservation Society, Inc Board Members, or operators of Fly St. Pete or its agents that may arise from participation in the activities of Fly St. Pete.

Parent/Legal Guardian Signature

Date