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**Please use document below when attending a Juniorette event**

**Original copies must be sent with registration form to attend Convention or Fall Board**

**GFWC FLORIDA JUNIORETTE**

**MEDICAL AND INSURANCE QUESTIONNAIRE**

Any allergies (food, drugs, plants, insects):

Special health and/or behavioral considerations:

**Insurance Information:**

Please attach a copy (front & back) of your insurance card

Parents Signature Date

Parents Phone Number

Juniorettes Name

Juniorettes Phone Number

Club

The applicant is under the care of a physician for the following conditions:

Physician’s Name

Physician’s Phone Number

Any medically prescribed meal plan or dietary restrictions: