



FLORIDA COMETS BASKETBALL

A non-profit 501C (3) Community Service Organization

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Florida Comets' Medical Authorization Form

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I. Family Information

Child's Name: _____ Birth date _____

Mother Name/Guardian: _____ Home Phone: _____

Work Phone: _____ Cellular phone: _____

Father Name/Guardian: _____ Home Phone _____

Work Phone: _____ Cellular phone: _____

II. Additional person who can be called in an emergency:

Name: _____ Home: _____

III. Medical Insurance Information:

Insurance Provider: _____

Insurance Provider Phone Number: _____

IV. Child Physician Information

Name: : _____ Phone: _____

