Memorial Healthcare System

2016 Back-to-School Health Fair

Saturday August 13, 10am–2pm

South Broward Community Health Services
4105 Pembroke Road, Hollywood

From 441, travel east on Pembroke Road. The center is on the left, just past 42 Avenue.

Broward County Residents Only:
School Immunizations*

Vision and Hearing Screenings

Broward Schools Physical Exams (no sports physical exams)

*IMPORTANT NOTES:

• The first 100 children are guaranteed to receive services. Remaining children will be seen as time permits until 2pm.
• Parents/legal guardians must complete the form on the back in its entirety if not accompanying children at time of services. Form MUST be notarized.
• Parents/legal guardians must bring a valid photo ID or your child will not be eligible for services. If possible, also bring identification for the child such as a birth certificate, passport or school ID.
• A copy of the child’s current immunization record is required for immunizations.
• Immunizations and physicals are provided for Medicaid patients and children without health insurance, ages 4 through 17.
• If you have a child with special needs, please contact us for further arrangements.

For more information, please contact Memorial Healthcare System Community Services Office at 954-265-0980.
Kinship Letter to Treat

Date:

To whom it may concern:

I, _________________________________________ parent/legal guardian of

__________________________________________, Date of Birth

(child’s name)

__________________________________________, Date of Birth

(child’s name)

__________________________________________, Date of Birth

(child’s name)

give permission for ______________________________________

(name of adult designee)

to bring my child/children for medical appointments and to give consent and sign any and all necessary documents or forms on my behalf in order to allow any examination, treatment, testing, surgery or care as recommended by a physician/ARNP licensed to practice medicine in the State of Florida.

Parent I Legal Guardian Signature

________________________________________

Notary signature

Memorial Healthcare System