



**MEDICATIONS:** (List ALL Medications you are currently taking)

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

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NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

**ALLERGIES:** (List all allergies including food, drug and insect allergies)

**Sunshine Waiver** (You need to sign one below, please read & sign)

Many times our seniors at the center want to call or send well wishes to our fellow seniors. We currently do not give out any personal information (name, address & phone number) unless we are given permission. Please **fill out ONLY ONE** of the following releases below to indicate your preference. Thanks!

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I, (person stated on this application) **DO give permission** for the senior center staff to give out my name, phone number and or address to other seniors at the senior center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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I, (person stated on this application) **DO NOT give permission** for the senior center staff to give out my name, phone number and or address to other seniors at the center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date