

LAWRENCE PARKS AND RECREATION HEALTH INFORMATION

CHILD'S NAME _____
PARENT/GAURDIAN _____ HOME# _____ WORK# _____
PARENT/GAURDIAN _____ HOME# _____ WORK# _____

EMERGENCY CONTACTS:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____
NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

AUTHORIZED TO PICK UP CHILD:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____
NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____
NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

MEDICAL INFORMATION

DOCTOR'S NAME _____ PHONE# _____
CLINIC/HOSPITAL PREFERENCE _____

IMMUNIZATIONS

DPT Series _____ booster _____ Tetanus _____ Polio OPY (Sabin) _____ booster _____

PHYSICAL CONDITIONS

Ear Infections _____
Rheumatic Fever _____
Convulsions _____
Diabetes _____
Heart _____

ALLERGIES

Hay Fever _____
Poison Ivy, etc. _____
Insect Stings _____
Penicillin _____
Sulfa Drugs _____

DISEASE

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____

Will your child need any special accommodations to be successfully integrated into this program? This may include, but not be limited to a lower staff to child ratio, personal care and/or medication assistance?
Please explain _____

Does your child have any health problems we should know about? _____

Is your child taking medication(s)? _____ What kind(s)? _____
Medication Schedule _____

HEALTH INSURANCE

COMPANY NAME _____
POLICY NUMBER _____

GENERAL INFORMATION

For Leader's use only to help your child enjoy our program more fully.

- 1. My child is outgoing _____ shy _____ in between _____.
- 2. My child is excited about this program _____ coaxed into going _____ fearful about going _____.
- 3. My child wants to _____ from this program more than anything else.
- 4. I want my child to _____ in this program more than anything else.
- 5. Please rate your child's swimming ability: beginner _____ average _____ excellent _____.

AUTHORIZATIONS

(check all lines that apply and sign below)

- ___ 1. I authorize the City of Lawrence Parks & Recreation to transport my child to and from program activities.
- ___ 2. The health history on this form is correct so far as I know: the child described herein has permission to engage in all programs activities, except as noted by me and/or recommended by our physician.
- ___ 3. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, named above.
- ___ 4. I authorize the City of Lawrence to use at its discretion any photograph, black, colored or video taken of participants while participating in City programs and activities for marketing in print or by electronic means.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS CHECKED ABOVE.

Parent/Guardian signature _____ Date _____