

TOWN OF COLMA
RECREATION SERVICES DEPARTMENT



HEALTH INFORMATION FORM

(Must be returned with Day Camp Registration Form & Behavior Policy)

PARTICIPANTS NAME: _____ SEX: _____ AGE: _____

ADDRESS: _____ BIRTH DATE: _____

EMAIL: _____ HOME PHONE: _____

PARENT OR LEGAL GUARDIAN: _____ PHONE: _____

_____ PHONE: _____

EMERGENCY CONTACT AND/OR AUTHORIZED PICK UP IF PARENT IS NOT AVAILABLE:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____

HEALTH HISTORY:

FOOD ALLERGIES: _____ SYMPTOMS: _____

INSECT ALLERGIES: _____ SYMPTOMS: _____

ASTHMA HISTORY: _____ SYMPTOMS: _____

DIABETES: _____ SYMPTOMS: _____

SEISURE HISTORY: _____ SYMPTOMS: _____

MEDICATIONS: _____

Are there any health concerns that staff should be aware of?

No Yes, Please Specify: _____

Are there any physical, psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

No Yes, Please Specify: _____

Any specific activities to be restricted: _____

IMPORTANT: PLEASE NOTIFY THE RECREATION STAFF IF THIS PARTICIPANT HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE PRIOR TO ATTENDANCE OR AT ANY TIME DURING PARTICIPATION.

Parents' Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by parent or legal guardian or recreation staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child, named above.

Parent/Guardian Signature

Date