

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