



MEDICAL INFORMATION CARD

MEDICAL INFORMATION FORM SHOULD BE REVIEWED ON CHILD'S BIRTHDAY

Name of Child: Last: _____ First: _____ M.I.: _____

Birth Date: _____ Child's Age: _____ Sex: Male Female

Parent/Guardian Name: _____

Home Phone: _____ Email Address: _____

Emergency Contact Number: _____ Cell phone: _____

Personal Medical Information Regarding Child (✓ all that apply):

Hyper/Hypo Active Learning Disabled Behavioral Problem Epileptic Asthma Visually Impaired

Hearing Impaired Diabetic Motor Coordination Physical Impairment (Explain) _____

Other (Explain) _____

Name of Child's Physician: _____ Phone _____

The medical information provided above is current and accurate to the best of my knowledge as of the date noted below and may be released to medical personnel where definitive medical care is required. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of the Parks & Recreation Department. It is understood that Recreation personnel will attempt to contact a parent or guardian of the youth, if possible, prior to transporting the youth by any mode of transportation to a physician and/or medical facility to render emergency medical care to said youth and I consent to such treatment. The information will be kept on file and it is the responsibility of the parent/guardian to insure that this medical information is updated when medical conditions of a youth changes and/or on the youth's next birthday.

Name of Parent or Guardian: _____
(Please Print)

Signature _____ Date: _____
(Please Check One) Parent / Guardian: - RELATIONSHIP TO MINOR _____

Note : We reserve the right to refuse admittance to any child we feel is in poor health.