

# San Bruno Recreation Services

## Emergency & Health History Form

(must be returned with all Social Connection participants)

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### IF LEGAL GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### ABLE TO PICK-UP (IN ADDITION TO ALL ABOVE):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### HEALTH HISTORY

Food Allergies: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Insect Allergies: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Asthma History: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Seizure History: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Medications: \_\_\_\_\_

**Any other operations, serious injuries, chronic or recurring illnesses we should be aware of:**

**Important:** Please notify the Recreation Leader if this participant has been exposed to any communicable disease during the 3 weeks 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 a physician selected by parent or legal guardian or the recreation leader to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery for my child, named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_