

SAN BRUNO RECREATION SERVICES

HEALTH INFORMATION FORM

(MUST BE RETURNED WITH CAMP KALEIDOSCOPE, MINI KALEIDOSCOPE AND ADVENTURE CAMP REGISTRATION AND TO ATTEND THE SUMMER PLAYGROUND PROGRAM)

PARTICIPANT'S NAME: _____ SEX: _____ AGE: _____

ADDRESS: _____ BIRTH DATE: _____

PARENT OR LEGAL GUARDIAN: _____ PHONE: _____

_____ PHONE: _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

NAME: _____ PHONE: _____ RELATION: _____

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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:

Any specific activities to be restricted:

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 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