

San Bruno Recreation Services

Health History Form

(must be returned with all camp and youth sports registrations)

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: _____

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: _____