

2024 Summer Playground Health History Form

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Please Read: We must have a health history form on each playground participant who attends our program which must be signed by the parent or guardian. The information below is important for the care of your child, if he/she becomes sick or injured during the scheduled playground time. Please make staff aware of any changes that might change from the time this form was originally filled out.

Participant Information

**Participant's Full Name
(Required):**

**Participant Date of Birth
(Required):**

Participant Address (Required):

Street:

Address Line 2:

City, State, Zip:

Parent/Guardian Information

Please enter the parent/guardian information below. If there is only one parent/guardian please enter n/a in all remaining required fields.

**Parent/Guardian 1 Full Name
(Required):**

Parent/Guardian 1 Address Same as Child's Address (Required - Select at least one option):

If NO, please fill out address below.

Yes

No

Parent/Guardian 1 Address:

Street:

Address Line 2:

City, State, Zip:

**Parent/Guardian 1 Cell Phone
(Required):**

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**Parent/Guardian 2 Full Name
(Required):**

Parent/Guardian 1 Address Same as Child's Address (Required - Select at least one option):

If NO, please fill out address below.

Yes

No

Parent/Guardian 2 Address:

Street:

Address Line 2:

City, State, Zip:

**Parent/Guardian 2 Cell Phone
(Required):**

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Health History

Any allergies (food, drugs, environmental, plants, insects etc?) (Required):

(Select only one option)

No

Yes

If Yes, Describe:

Disabilities? (Required):

(Select only one option)

No

Yes

If Yes, Describe:

Chronic/recurring illness? (Required):

(Select only one option)

No

Yes

If Yes, Describe:

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Chicken Pox (Required):

(Select only one option)

- No
- Yes

If Yes, Year: _____

Tetanus Booster? (Required):

(Select only one option)

- No
- Yes

If Yes, Year: _____

Currently taking medication? (REMINDER We cannot dispense meds during the day) (Required):

(Select only one option)

- No
- Yes

If Yes, please describe reason for taking medication and dosage:

Any other medical conditions or concerns our staff should know about to provide an enjoyable playground experience for your child?:

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The health history above is correct so far as I know, and the child herein described has permission to engage in all prescribed playground activities:

(Select only one option)

No

Yes

If No, please describe:

Authorization to Treat: I hereby give permission to the medical personnel selected by the playground supervisor to provide treatment, and if necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the playground supervisor to secure and administer treatment, including hospitalization, for the child named above.

**Signature (use mouse or finger)
(Required):** _____

Signature Name (Required): _____

Date (Required): _____