

Course Name: _____



EMERGENCY CONTACT & MEDICAL INFORMATION FORM

| | | | | | |
|--------------------------------|------------|--------------------------------|------------|-----|---|
| Participant's Name _____ | | Date of Birth _____ | | M | F |
| | | | | Sex | |
| Parent's/Guardian's Name _____ | | Parent's/Guardian's Name _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Cell Phone | Home Phone | Cell Phone | | |
| Address _____ | | Address _____ | | | |
| City, ST ZIP Code _____ | | City, ST ZIP Code _____ | | | |

ALTERNATIVE EMERGENCY CONTACTS

| | | | | | |
|---------------------------------|------------|-----------------------------------|------------|--|--|
| Primary Emergency Contact _____ | | Secondary Emergency Contact _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Cell Phone | Home Phone | Cell Phone | | |
| Address _____ | | Address _____ | | | |
| City, ST ZIP Code _____ | | City, ST ZIP Code _____ | | | |

AUTHORIZED PICK UP LIST

These individuals are authorized to pick up your child with proper identification.

| | | | | | |
|------------|------------|------------|------------|--|--|
| Name _____ | | Name _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Cell Phone | Home Phone | Cell Phone | | |
| Name _____ | | Name _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Cell Phone | Home Phone | Cell Phone | | |
| Name _____ | | Name _____ | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Cell Phone | Home Phone | Cell Phone | | |

(OVER)

MEDICAL INFORMATION

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health Considerations _____

MEDICAL HISTORY

1. Apart from vitamins, is your child taking any medicine, tablets, drugs, allergy injections?

Yes _____ No _____ If yes, what? _____

Reason for medication: _____

2. Is your child going to a hospital, clinic or doctor or participating in any sort of therapeutic services at the present time? Yes _____ No _____ If yes, who/where? _____

Why? _____

3. Does your child have any allergy to anything such as foods, plants, insects, medicine?

Yes _____ No _____ If yes, what? _____ **Is it Life Threatening?** _____

Reaction: _____

4. Has your child had any convulsions or seizures in the past year?

Yes _____ No _____ If yes, how many? _____ Treatment: _____

5. Does your child need a special diet or have any food items?

Yes _____ No _____ If yes, what? _____

6. Does your child have any physical or other condition that may impact his or her ability to participate in the activity or program? Yes _____ No _____ If yes, what? _____

7. Does your child need an accommodation that would enable him or her to successfully participate in the activity or program? Yes _____ No _____ If yes, what? _____

Are there any other issues or concerns about your child, the activity or program which the Township should be aware of, or that you would like to discuss further? Yes _____ No _____

If yes, what? _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____

Date _____

Parent/Guardian Print Name _____

The Township intends to comply with the ADA in all aspects. The information sought in this form is for the purpose of protecting the participant during the scheduled program or activity and to make sure that the participant is able to successfully and safely complete the program or activity. Medical information is kept confidential and is only shared to persons with a legitimate need to know. If you believe you have been discriminated against based upon a disability or request for an accommodation, please contact Bettelou Bertoncetto at 724-776-4806 1109.

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