



UMF Fitness and Recreation Center

Children's Health and Emergency Information Form

Participant's Name: _____ Age _____

Name of camp/activity that the child will be participating in: _____

Height: _____ Weight: _____ Gender: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Street
City
State
Zip

Day-time Phone Number: _____ Evening Phone Number: _____

Participant's Physician: _____ Phone: _____

List two other persons other than the parent/guardian to contact in case of an emergency:

[1] Name: _____ Phone: _____

[2] Name: _____ Phone: _____

Please indicate any special dietary restrictions: No Restrictions [] Vegetarian [] Vegan [] No red meat []
 No Dairy [] No shellfish [] Kosher [] Other _____

Health History:

Has or is subject to/history of (check all boxes that apply):

Asthma [] Motion sickness [] Diabetes [] Fainting [] ADD [] ADHD [] Poison Ivy []
 Sinus Trouble [] Hypoglycemia [] Seizures [] Shoulder problems [] Back problems []
 Hip problems [] Knee problems [] Ankle problems [] Vision problems [] Hearing problems []
 LD [] Other (please explain): _____

Allergy to any of the following:

Bee sting [] Aspirin [] Penicillin [] Medications (please list): _____
 Nuts [] Other foods (please list): _____ Other: _____

If yes to any of the above allergies, please describe reaction and how to treat it: _____

Please list any current prescription or non-prescription medications that will be taken during this program time: _____

Any restriction of activity for medical reasons? Yes [] No [] If Yes please describe: _____

Is there anything else we should know, such as phobias, sensitivities, etc: _____

Has had inoculations or vaccinations for: Measles [] Mumps [] Chicken Pox [] Tetanus []

In case of emergency, I hereby give permission to the site director to allow a selected physician to hospitalize, secure proper treatment, offer injection, anesthesia or surgery for my child as named above.

 Signature of Parent/Guardian

 Date

Other than the parent/guardian, please list all persons permitted to pick your child up from the above listed FRC program. FRC staff will only release the above named child to individuals listed below.

Name:	Relation:	Phone Number:\
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the guardian of the above named participant understand that in order for my child to walk, run, bike, or take any other mode of transportation leaving on their own accord from the FRC and the children's program will need to provide a written note stating in detail the circumstances, and the time that the child would depart the FRC's children's program. _____

Initial

Date