



Program Name: _____ Program Location: _____ <small>One form per program location</small>
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PARTICIPANT HEALTH FORM

You must fill out both sides of this form and submit 1 week prior to the scheduled program.

General Information: (Please Print)		
Participant Name _____	Grade entering in fall _____	Birth Date _____
Parent/Guardian Name _____		
Street Address _____		
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____
Email Address _____		

Individual(s) to be contacted in case of emergency:		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Person (other than parent) authorized to drop off / pick up participant:		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Are there any custody issues we should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, attach copy of court order)</i>		

Health issues and special accommodations:	
Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please explain)</i> _____ _____	
Are there any medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's program experience is positive? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please explain)</i> _____ _____ _____	

Medication:
Is the participant taking any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list:</i> _____
Will the participant need to take medication during program hours? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, you will need to complete a medication authorization form (visit www.recreator.com to download the form)</i>

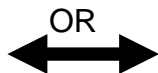
Parents wishing their child to apply sunscreen at program location must complete the information below:

Sunscreen is considered a topical medication:

Brand of Sunscreen _____ (Note: Please print participants first and last name on the bottle.)
Can participant administer? Yes No *If no, is staff permitted to assist with application?* Yes No

Immunization Information:

For participants who reside **within** the United States, a United States territory, or the District of Columbia:



For participants who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

1. Country in which child resides:

2. Is this child exempt from any immunizations?
 No Yes *If yes, please list:* _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Information required by state regulations:

Participant's Primary Physician _____ Physician's Phone _____

I Understand:

1. That there are inherent risks and dangers associated with recreation programs, therefore, I hold Frederick County, Maryland harmless from all claims of injury, damage, or loss which may result from my child's participation in the program listed above.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material, which has been provided by Frederick County Division of Parks and Recreation.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

I Agree:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.
5. To allow Frederick County Parks and Recreation to take and utilize photos, slides, and video images of the above registered individual for the purpose of promotion and publicizing of the Division's programs.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

This is an electronic form. Please download or save to your computer, and complete using the PDF reader on your computer. Then press Submit. If you are unable to "submit", please email as an attachment.