



Town of Marcy Parks and Recreational Programs | Medical History Form

PERSONAL HEALTH AND MEDICAL HISTORY (To be filled out annually by all participants)

To be filled out by parent or guardian. Please print in ink.

Date:

Name _____ Date of birth _____

Age _____ Sex _____

Name of parent or guardian _____

Telephone _____ Home address _____

City _____ State _____ Zip _____

Business address _____ City _____

State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____

Telephone _____ Name _____

Relationship _____ Telephone _____ Name of personal

physician _____

Telephone _____

Personal health/accident insurance carrier _____

Policy No. _____

Check all items that apply, past or present, to your health history.

Explain any "Yes" answers. ALLERGIES: Food, medicines, insects, plants Yes No Explain:

GENERAL INFORMATION:

ADHD (Attention-Deficit Hyperactivity Disorder) Yes No

Convulsions/seizures Yes No

Hemophilia Yes No

Asthma Yes No

Diabetes Yes No

High blood pressure Yes No

Cancer/leukemia Yes No

Heart trouble Yes No

Kidney disease Yes No

If YES to any of the above, please explain:



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List any medications to be taken at camp:

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations: (Give date of last inoculation.) Tetanus toxoid _____
Measles _____ Polio _____ Diphtheria _____
_____ Mumps _____ Pertussis _____
Rubella _____