



RECREATION, PARKS & FORESTRY

Health History, Emergency Contact & Consent Form

Peabody Recreation Summer Programs

HEALTH HISTORY

PHOTO

Attach or send a current PHOTO of your child; this photo will be kept in your child's file as part of our safety protocols.



CHILD'S NAME: _____

DATE OF BIRTH: _____

EMERGENCY CONTACTS/APPROVED TO DISMISS: Only issue these people a pick-up/dismissal pass provided by Peabody Recreation.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Name of child's primary Health Care Provider or Health Maintenance Organization: _____

Address: _____ Phone: _____

Name of Dentist(s): _____ Phone: _____

Name of Orthodontist(s): _____ Phone: _____

PLEASE PROVIDE any additional information about the child's health that you think is important or that may affect their ability to fully participate in the summer program. Attach additional information if needed.

CHILD'S NAME:

ALLERGIES: (do not leave blank)

No known allergies. DESCRIBE BELOW FOR: Food Medication Seasonal/Environmental (insect stings, hay fever, etc.) Other (Please describe below the allergy/reactions.) Prescribed an Epi-Pen* Prescribed Inhaler

DIET/ NUTRITION:

Child eats a regular diet Vegan/Vegetarian Lactose intolerant Gluten intolerant. Other, please explain:

RESTRICTIONS:

- I have reviewed the program and activities of the program and feel my child can participate without restrictions.
 - I have reviewed the program and activities of the program and feel my child can participate with the following restrictions or adaptations:
-

QUESTIONNAIRE: PHYSICAL, MENTAL, EMOTIONAL, SOCIAL, AND GENERAL HEALTH HISTORY

Has/does your child:

- | | | | |
|--|--|---|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have problems with menstruation/periods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Have problems with sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had asthma/wheezing/short breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have a history of bed-wetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Wear glasses/contacts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Passed out/chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had mononucleosis during the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside USA the past 9 mos.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Take any medication during the school year that he/she will not be taking during the summer? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Ever been treated for emotional or behavioral difficulties or an eating disorder? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. During the past 12 months, seen a professional to address mental/emotional health concerns? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Had a significant life event that continues to affect the child's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have tuberculosis in a communicable form, or have evidence of symptoms of tuberculosis? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PLEASE EXPLAIN any **YES** answers in the following space, noting the number of the question:

PARENT/GUARDIAN AUTHORIZATIONS

I authorize Peabody Recreation to contact and to release my child to the emergency contacts that I designate on this form. I hereby confirm, this health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all summer program activities except as noted by me and/or an examining physician. I understand the information on this form will be shared on a "need to know" basis with summer staff. I give permission to photocopy this form. In addition, the summer program has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

PARENT/GUARDIAN SIGNATURE:

DATE: