

Goffstown Parks and Recreation Department 2017 Summer Playground Health History Form

Please Read: We must have a health history form on each playground participant who attends our program which must be signed by the parent or guardian. The information below is important for the care of your child, if he/she becomes sick or injured during the scheduled playground time. Please make staff aware of any changes that might change from the time this form was originally filled out.

Contact Information

Last Name _____ First Name _____ Middle Int. _____
 Address _____ City/Town _____ Zip _____
 Phone _____ Birth Date _____ Age (as of June1) _____ Gender M F
 Mother _____ Phone (H) _____ (W) _____ (C) _____
 Address _____ City/Town _____ Zip _____
 Father _____ Phone (H) _____ (W) _____ (C) _____
 Address _____ City/Town _____ Zip _____

If not available in an emergency, please notify _____
 Relationship to Participant _____
 Phone (H) _____ (W) _____ (C) _____

Health History (attach additional pages if necessary)

	Yes	No	Describe
Any allergies (food, drugs, environmental, plants, insects etc?)	Yes	No	_____
Disabilities?	Yes	No	_____
Chronic/recurring illness?	Yes	No	_____
Epilepsy?	Yes	No	_____
Diabetes?	Yes	No	_____
Serious injuries/illnesses/operations?	Yes	No	_____
Loss of consciousness, convulsion, or concussion?	Yes	No	_____
Please describe and provide dates _____			
Chicken Pox?	Yes	No	Year _____
Tetanus Booster?	Yes	No	Year _____
Currently taking medication? (We cannot dispense meds during the day)	Yes	No	
Dosage _____	How often _____	Reason _____	
Any other medical conditions or concerns our staff should know about to provide an enjoyable playground experience for your child? _____			

Health Insurance Carrier: _____ Policy # _____
 Name of Physician _____ Phone _____
 Name of Dentist _____ Phone _____
 Name of Orthodontist _____ Phone _____

The health history above is correct so far as I know, and the child herein described has permission to engage in all prescribed playground activities Yes No (if not, please describe)

Authorization to Treat: I hereby give permission to the medical personnel selected by the playground supervisor to provide treatment, and if necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the playground supervisor to secure and administer treatment, including hospitalization, for the child named above.

Signature of Parent/Guardian _____ Date _____