

Twilight Park Play/ Activity Group Health Form (2012)

Please complete this form before the first day. You may give it to a Head Counselor the Youth Director or put it in our mail box at the TP Gate House or come 15 minutes early to your first day of Play Group.

Childs Name _____ Date of Birth _____

Please check and comment if there has been a history of the following:

____ Asthma ____ Hyperactivity ____ Heart trouble ____ Fainting
____ Convulsions/Seizures ____ Trouble with ears ____ Hives ____ Chronic cough
____ Shortness of breath ____ Frequent headaches ____ Hay fever
____ Feeding disorder ____ Diet restrictions ____ Food allergies
____ Communicable diseases ____ Severe allergic reactions ____ Trouble with eyes

Unusual sensitivity to:

____ Insect/Bee stings ____ Poison Oak/Ivy
____ Sunburn/Sunscreen ____ Other (please explain) _____

Please comment on all checked items (use extra sheet if needed):

Is your child on any medication that is taken at home? ____ Yes ____ No

(TP staff is not able to dispense medications other than Benadryl.)

Name of Medication/Reason _____

Is your child up-to-date on all state-required immunizations? ____ Yes ____ No

If no please explain:

Dietary Restrictions: Please provide all relevant information on your child's dietary restrictions

Activity restrictions: Please provide all relevant information on your child's physical activity restrictions _____

Is there anything, health related or not, that you want TP staff to know about your child?
(use extra sheet if needed)

Signature of Parent / Guardian _____ Date _____

Information on this form will be kept confidential but will be shared on as needed basis with TP Youth program Staff and Volunteers