



Park District of Franklin Park
2019 Discovery Day Camp

Child Information and Health History Record

Please Print - Fill out all sections completely

Name _____
School (Fall) _____ Grade (Fall) _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Date of Birth _____ Age as of 5/26/19 _____

Mother's Information

Father's Information

Name: _____ Name: _____
Address (if different from above) Address (if different from above)

Home Phone (if different from above) Home Phone (if different from above)

Work Phone # _____ Work Phone # _____
Cell Phone # _____ Cell Phone # _____

Emergency contact person if parents are unreachable

Name _____ Phone Number _____
Relationship to child _____

Illness and Injuries (check any chronic or recurring illness and explain below)

_____ Asthma _____ Hypertension _____ Heart Defect/Disease
_____ Diabetes _____ Ear Infection(s) _____ Musculoskeletal Disorders
_____ Seizures _____ Bleeding/Clotting _____ Other _____

Date of last Health Exam _____ Date of last Tetanus Shot _____
Physician's Name _____ Physician's Phone Number _____

Please explain any other chronic or recurring illness not listed above.

Allergies: (check any that apply and specify nature of allergic reaction on reverse side)

_____ Animal _____ Insect Stings _____ Pollen
_____ Food _____ Medications/Drugs _____ Other _____
_____ Hay Fever _____ Plants

Please list the specific nature of the allergic reaction(s).

Other Health Conditions (check all that apply and describe on reverse side)

_____Hearing Impairment	_____Motion Sickness	_____Nosebleeds
_____Emotional Disturbances	_____Fainting	_____Wears Glasses/Contacts
_____Special Diet Regimen	_____Visual Impairment	_____Speech Impediment
_____Takes Medication (list medication and reason on reverse side)		
_____Other _____		

A: List any other health conditions you feel the staff should be aware of:

B: List any medication(s) the participant may take:

Activities your child should be restricted from:

Swimming Capabilities (Please circle response. There is also a space for explanations if needed.)

Child can swim	yes/no _____
Child can go down water slide	yes/no _____
Child can go in baby pool only	yes/no _____
Child can go in shoulder deep only	yes/no _____
Child can go in the deep-water	yes/no _____
Child can use all areas at the pool, including deep end, diving boards, and water slide	
Yes/no _____	

I know of no reason(s) why my child should not participate in activities except as noted above.

Signature of Parent/Guardian: _____ Date _____