

BLOOMFIELD LEISURE SERVICES DEPARTMENT

Child's Medical History Form

Required for registration in all Leisure Services programs. PLEASE PRINT CLEARLY.

CHILD'S NAME _____
(Last) (First) (M) (Age)

ADDRESS _____

PHONE # _____ DATE OF BIRTH _____ MALE _____ FEMALE _____

LAST SCHOOL ATTENDED _____

INSURANCE CARRIER _____ POLICY # _____

NAME ON POLICY _____

MOTHER (OR GUARDIAN) _____
(Last) (First)

PHONE # _____ Phone (Mobile) _____

FATHER (OR GUARDIAN) _____
(Last) (First)

PHONE # _____ Phone (Mobile) _____

****Important**** EMERGENCY CONTACT PERSON _____

RELATIONSHIP _____ PHONE _____

NAME OF CHILD'S DOCTOR _____ PHONE# _____

HOSPITAL PREFERENCE _____

SPECIAL REQUESTS _____

	MEDICAL INFORMATION			Is the child allergic to:	
Has the child had or is subject to:	Yes	No		Yes	No
Epilepsy.....	____	____	Bee stings.....	____	____
Heart trouble.....	____	____	Insect bites.....	____	____
Home sickness.....	____	____	Penicillin.....	____	____
Convulsions.....	____	____	Aspirin.....	____	____
Fainting spells.....	____	____	Poison Ivy.....	____	____
Asthma/Wheezing.....	____	____	Particular foods..	____	____
Frequent stomach upsets.....	____	____	Serious illness.....	____	____
Other medication.....	____	____	Nose bleeds.....	____	____

If the child has asthma and uses an inhaler or is allergic to bee stings and has an epi-pen, he/she must carry it at all times and know how to use it.

In the past month has the child had or been exposed to any communicable diseases? Yes____ No____

Does the child wear eyeglasses? Yes____ No____

Is the child under medical care for any illness? _____

What medications is he/she taking? _____

Please include any medications he/she has taken regularly or may be coming off of _____

Should the child's activities be restricted in any way? _____ If yes, please explain:

In consideration of my child's/ward's participation in the Town of Bloomfield Leisure Services Programs, including travel, I/we the undersigned do hereby agree for myself/ourselves, my/our child, ward, heirs, executors, administrators, and legal representatives that there are inherent risks involved in Town of Bloomfield Leisure Services programs.:

1. I/we, for myself/ourselves and for my/our child, ward, heirs, assigns, successors, executors, administrators, and legal representatives, acknowledge that such activities are potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks.

2. I/we, for myself/ourselves and for my/our child, ward, heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless Town of Bloomfield and its agents, servants or employees from any and all claims, suits or demands by anyone arising my/our child's/ward's use of the Town of Bloomfield facilities and equipment.

3. I/we, for myself/ourselves and for my/our child, ward, heirs, assigns, successors, executors, administrators, and legal representatives, hereby release the Town of Bloomfield and its agents, servants or employees for damages for personal injury sustained by my/our child/ward while using the Town of Bloomfield facilities and equipment.

I/we have read this waiver, hold harmless agreement and release of liability and fully understand its terms.

I/we attest that the above information is correct and that my son/daughter is in good health and physically able to participate in Bloomfield Leisure Services Department Programs.

I/we authorize the release of any medical information necessary for the Bloomfield Leisure Services Department. The Early Learning Center, or The Bloomfield Extension to process my child's registration in either recreation programs or Before & After care services.

I/we authorize all representatives of the Bloomfield Leisure Services Department to act on my/our behalf for the purpose of obtaining emergency medical treatment for the registrant.

Please note:

Insurance: All persons participating in Leisure Services programs should carry their own personal health insurance. The Town of Bloomfield is not responsible for personal injuries. Participants in all department sponsored programs do so at their own risk. Only those enrolled in the program may attend.

Photo Policy: By registering for a program, you give the Bloomfield Leisure Services Department permission to take and use photos of you/your child participating in the program for the department's promotional purposes. If you don't want to have you/your child's photo used in promotions, you must include this request in writing along with the registration form.

Parent/Guardian's Signature

Date

Witness

Date