



# Frederick County Parks and Recreation

Program Name: \_\_\_\_\_

Program Location: \_\_\_\_\_

One form per program location

## PARTICIPANT HEALTH FORM

**You must fill out both sides of this form and submit 1 week prior to the scheduled program.**

### General Information: (Please Print)

Participant Name \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Individual(s) to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Person (other than parent) authorized to drop off / pick up participant:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are there any custody issues we should be aware of? ☐ No ☐ Yes (If yes, attach copy of court order)

### Health issues and special accommodations:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

☐ No ☐ Yes (If yes, please explain) \_\_\_\_\_

Are there any medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's program experience is positive? ☐ No ☐ Yes (If yes, please explain) \_\_\_\_\_

### Medication:

Is the participant taking any medication? ☐ No ☐ Yes If yes, please list: \_\_\_\_\_

Will the participant need to take medication during program hours? ☐ No ☐ Yes

If yes, you will need to complete a medication authorization form (visit [www.recreator.com](http://www.recreator.com) to download the form)

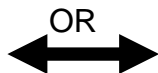
Parents wishing their child to apply sunscreen at program location must complete the information below:

**Sunscreen is considered a topical medication:**

Brand of Sunscreen \_\_\_\_\_ (Note: Please print participants first and last name on the bottle.)  
Can participant administer? ☐ Yes ☐ No If no, is staff permitted to assist with application? ☐ Yes ☐ No

**Immunization Information:**

For participants who reside **within** the United States, a United States territory, or the District of Columbia:



For participants who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?

☐ No ☐ Yes If yes, please list: \_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

**Information required by state regulations:**

Participant's Primary Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**I Understand:**

1. That there are inherent risks and dangers associated with recreation programs, therefore, I hold Frederick County, Maryland harmless from all claims of injury, damage, or loss which may result from my child's participation in the program listed above.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material, which has been provided by Frederick County Division of Parks and Recreation.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

**I Agree:**

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.
5. To allow Frederick County Parks and Recreation to take and utilize photos, slides, and video images of the above registered individual for the purpose of promotion and publicizing of the Division's programs.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*This is an electronic form. Please download or save to your computer, and complete using the PDF reader on your computer. Then press Submit*