



TOWN OF COVENTRY DEPARTMENT OF PARKS & RECREATION
PROGRAM MEDICAL FORM

*Incomplete forms will not be accepted. One form per child.

Child's Name: Date of Birth: Grade in Fall:
Guardian's Name: Phone #:
Emergency Contact: Phone #:

Please answer the following health history questions about your child:

- Any health concerns/medical conditions? YES NO
Any daily medication(s)? YES NO
Any allergies? YES NO
Special Diet/Dietary Restrictions? YES NO
Any history of Asthma, Seizures, other chronic diseases? YES NO
ADHD/ADD? YES NO

If YES to any of the above statements, please complete the Supplemental Information Form for Children with Medical Conditions or Support Services

This child has a developmental, emotional, behavioral or psychiatric condition that may affect his or her program experience.

If YES, please complete the Supplemental Information Form for Children with Medical Conditions or Support Services

This child may: participate fully in the program
not participate in the following activities:

Is there anything you would like to discuss with program staff? YES NO
If YES, please explain:

Preferred Hospital:

**If you answered yes to any of the above questions, additional documentation is REQUIRED.

Please provide the appropriate supplemental forms, i.e. Supplemental Information Form, Authorization for the Administration of Medication/Epi-Pen, Health Care/Treatment Plan, etc.**

Release:

The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following:

- A. Release of any and all medical, insurance and/or other records to third party, which are in the possession of Town of Coventry or any other party referred to herein.
B. For Town of Coventry to acquire medical, insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Coventry.
C. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures as in the judgment of the authorized personal is deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

X
Parent Signature

Date



TOWN OF COVENTRY DEPARTMENT OF PARKS & RECREATION
AUTHORIZATION FOR CHILD PICK-UP FORM

Please list any adult (18 years +) who you allow to pick your child up from the program site. All parents/guardians MUST also be listed here. Any and all individuals picking up children from this program will be asked for identification.

****The information on this form is to be used only after every effort is made to contact the parent or guardian and only in case of emergency. Please provide both parents' or guardians' names, addresses and cell phones.****

Child's Name: _____ Date of Birth: _____

I hereby authorize the following individuals to pick my child from the Coventry Parks & Recreation Program Site:

Name:	Relationship to Child:	Phone:

In the space below, please indicate any special instructions, or arrangements our staff should be aware of:

X _____
Parent Signature

Date

Printed Name