Child Information & Health History

Bensenville Park District

Attach Child's Photo Here

REQUIRED

Please Print - Fill out all sections completely

Child's Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____ Age as of 9/1/22 _____

Guardian 1

Name _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone # _____

Cell Phone # _____

Email _____

Guardian 2

Name _____

Address (if different from above)

_____

Home Phone (if different from above)

_____

Work Phone # _____

Cell Phone # _____

Email _____

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 below)

_____ Animal _____ Insect Stings _____ Pollen

_____ Food _____ Medications/Drugs _____ Other

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

_____

_____

Other Health Conditions (check all that apply and describe below)

_____ 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 _____

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

_____

_____

List any medication(s) the participant may take:

_____

_____

Activities your child should be restricted from:

_____

_____

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

Signature of Parent/Guardian: _____ Date _____

Information is used for informational purposes only and staff is not medically trained above basic first aid.