



EVERGREEN PARK & RECREATION DISTRICT CLIMBING CAMP HEALTH HISTORY FORM

This form must be **COMPLETED AND SIGNED** before the child may attend.

MEDICAL RELEASE	
I do hereby authorize officials of Evergreen Park & Recreation District to contact directly the persons named on this application, and do authorize the named physician or their associate to render such treatment as may be deemed necessary in an emergency for the health of the said child(ren). In the event that parent/guardian, or alternate persons named on this application cannot be reached, Evergreen Park & Recreation District officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child(ren). I agree I am solely responsible for payment of all costs resulting from the tendering of medical and ambulance services	I understand the Medical Release policy. _____ Parent/Guardian Signature _____ Date

PHYSICIAN / DENTIST / INSURANCE INFORMATION			
YOU MUST MAINTAIN AND UPDATE ANNUALLY AN IMMUNIZATION HISTORY FOR YOUR CHILD (REN). INCLUDE A COPY OF CHILD'S IMMUNIZATION CARD WITH THIS APPLICATION.			
Physician / Health Care Professional:	Telephone:	Address/City/Zip:	Does Not Have <input type="checkbox"/>
Dentist:	Telephone:	Address/City/Zip:	Does Not Have <input type="checkbox"/>
Hospital of Choice:	Telephone:	Address/City/Zip:	Does Not Have <input type="checkbox"/>
Medical Insurance Co:		Telephone:	Does Not Have <input type="checkbox"/>
Group Number:		Policy Number:	
Any intolerance to drugs, medication, sunscreen or food? If so, please explain: _____			

MEDICAL HISTORY AND INFORMATION			
1 st Child _____	2 nd Child _____	3 rd Child _____	4 th Child _____
Please check any illnesses that your child has had:	Please check any illnesses that your child has had:	Please check any illnesses that your child has had:	Please check any illnesses that your child has had:
Rubella _____ Hay Fever _____	Rubella _____ Hay Fever _____	Rubella _____ Hay Fever _____	Rubella _____ Hay Fever _____
Diabetes _____ Asthma _____	Diabetes _____ Asthma _____	Diabetes _____ Asthma _____	Diabetes _____ Asthma _____
Epilepsy _____ Mumps _____	Epilepsy _____ Mumps _____	Epilepsy _____ Mumps _____	Epilepsy _____ Mumps _____
Poliomyelitis _____ Whooping Cough _____	Poliomyelitis _____ Whooping Cough _____	Poliomyelitis _____ Whooping Cough _____	Poliomyelitis _____ Whooping Cough _____
Rheumatic Fever _____	Rheumatic Fever _____	Rheumatic Fever _____	Rheumatic Fever _____
Surgery / Accidents / Chronic Health Problems:	Surgery / Accidents / Chronic Health Problems:	Surgery / Accidents / Chronic Health Problems:	Surgery / Accidents / Chronic Health Problems:
Describe any physical condition requiring special attention by our staff:	Describe any physical condition requiring special attention by our staff:	Describe any physical condition requiring special attention by our staff:	Describe any physical condition requiring special attention by our staff:
_____	_____	_____	_____
Check those allergies staff should be aware of:	Check those allergies staff should be aware of:	Check those allergies staff should be aware of:	Check those allergies staff should be aware of:
Food (type) _____	Food (type) _____	Food (type) _____	Food (type) _____
Insect Bites / Stings _____	Insect Bites / Stings _____	Insect Bites / Stings _____	Insect Bites / Stings _____
Penicillin _____	Penicillin _____	Penicillin _____	Penicillin _____
Other Drugs _____	Other Drugs _____	Other Drugs _____	Other Drugs _____
Date of most recent examination of this child:	Date of most recent examination of this child:	Date of most recent examination of this child:	Date of most recent examination of this child:
_____	_____	_____	_____