

RECREATION PROGRAM ENROLLEE MEDICAL HISTORY FORM

**Town of Middletown
Department of Parks and Recreation
Middletown Town Hall
350 East Main Road
Phone: (401) 847-1993
Fax: 401 845-0400**

Enrollee Name _____ Date of Birth _____

Parent / Guardian Name _____ Relationship _____

Address _____ Town /City _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you.

Name _____ Phone _____

Please read the alternative statements below and sign under the one you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent / Guardian Signature _____ **Date** _____

2. If my child needs medical attention, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent / Guardian Signature _____ **Date** _____

PLEASE COMPLETE THIS MEDICAL HISTORY QUESTIONNAIRE
Please place a check in box with the correct answer. All information will be held confidential.

Yes	No	1.	Is your child allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so, please indicate what medication (s)
Yes	No	2.	Is your child now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it is prescribed.
Yes	No	3.	Has your child ever had an epileptic seizure or have been informed they might have epilepsy?
Yes	No	4.	Has your child ever been treated for diabetes? If so, please indicate the type (s) of insulin or pills you use.
Yes	No	5.	Has a medical doctor ever told you that your child is anemic or has sickle cell anemia?
Yes	No	6.	Does your child have or ever had high blood pressure? If so, what medication do they take regularly?
Yes	No	7.	Does your child have or ever had any of the following diseases? If so, please circle the appropriate ones: Heart disease (rheumatic fever) Liver Disease (hepatitis) Kidney disease (infections) Lung disease (pneumonia)

Yes	No	8.	Has a medical doctor ever informed you that your child has asthma? If so, what medications, if any, do they take regularly?
Yes	No	9.	Does your child presently have an unrepaired hernia?
Yes	No	10.	Has your child been “knocked out” or experienced a concussion during the past 3 years? If so give dates of each.
Yes	No	11.	If the answer to No. 10 is yes did the attending physician have your child stay overnight in a hospital? If yes, give the dates of each
Yes	No	12.	Has your child ever had an injury to their neck invoking nerves, vertebrae (bones), or discs that incapacitated them for a week or longer? If yes, give dates each such injury.
Yes	No	13.	Does your child wear any dental appliance? If yes, circle the appropriate appliance: Permanent bridge Permanent crown or jacket Braces Removable partial plate Full plate Removable retainer Permanent retainer
Yes	No	14.	Does your child wear contact lenses?
Yes	No	15.	Has your child had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened.
Yes	No	16.	Has your child had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated them for a week or longer? If so, give date of the injury.
Yes	No	17.	Has your child ever had surgery to correct a shoulder condition? If so, give dates and what was done.
Yes	No	18.	Has your child ever had an injury to their back?
Yes	No	19.	Does your child experience pain in their back? If yes, indicate frequency: Seldom Occasionally Frequently With vigorous exercise With heavy lifting
Yes	No	20.	Has your child injured their knee during the past 2 years with severe swelling as a result?
Yes	No	21.	Has your child ever been told that they injured the ligaments or cartilage of either knee?
Yes	No	22.	Have you ever been advised to have your child under go surgery to correct a knee problem?
Yes	No	23.	If the answer to No. 22 is yes, has the surgery been completed? Date
Yes	No	24.	Has your child experienced a severe sprain of either ankle during the past 2 years?
Yes	No	25.	Has your child had any injury to their feet or toes in the past 2 years? If yes, explain.
Yes	No	26.	Does your child have any chronic conditions that have not been mentioned above? If so, explain .

The questions on this form have been answered completely and truthfully to the best of my knowledge.

Parent / Guardian Signature _____ **Date** _____