

# Medical Form & Participant Profile- Parks Program

**All questions contained in this questionnaire are strictly confidential  
and will be used for our records only.**

Child's Name:		Age:	Date of Birth (mm/dd/yy) / /
Child's Address		Postal Code:	Home Phone:
Mother's Name:		Father's Name:	
Home Phone Number:		Home Phone Number:	
Cell Phone Number:		Cell Phone Number:	
Work Phone Number:		Work Phone Number:	
Email Address:		Email Address:	
Address:		Address:	
In case a guardian cannot be reached, the name of someone else to be contacted is required in case of an emergency:			
Contact Name:	Contact Phone:	Business Phone:	
Relationship to Child:			
Program:	Day(s)	Location:	
<b>PERSONAL HEALTH HISTORY</b>			
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:	
Is your child currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:	
If yes, please indicate if medication is being taken: <input type="checkbox"/> orally			
When is your child required to take the medication?			
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child currently, or has your child in the last year, had emotional, behavioral or psychological problems for which he/she is currently receiving, or has had to receive professional help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain:			
Is there any condition particular to your child (including any other serious ailment or any physical or developmental handicap) which is not mentioned above and that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain:			
To best serve the needs of all program participants, we require the following information for our instructors. This will assist us in providing the best service/program to the participant. Please choose the category that best describes the needs of the participant. For further information; please call Jade Roy at 519-332-0330 ext. 3204.			

<b>1. Non-Life Threatening medical conditions – e.g., ADD, ADHD, epilepsy, etc.</b> Please Identify: _____																
<b>2. Life Threatening medical condition</b> <i>Please note that for participants in this category a Medical Alert or similar identification bracelet is mandatory.</i> <ul style="list-style-type: none"> <li>○ Peanut Allergy</li> <li>○ Bee Sting Allergy</li> <li>○ Cardiac Condition</li> <li>○ Diabetes</li> <li>○ Other: _____</li> </ul> Does participant carry an Epi Pen? Yes/no _____ Does participant carry special medication? Yes/no _____ Does participant carry insulin? Yes/no _____																
<b>3. Physical mobility, mental challenges or behaviours</b> <ul style="list-style-type: none"> <li>○ Physical Challenges (please describe condition)            _____            _____</li> <li>○ Mental Challenges (please describe condition)            _____            _____</li> <li>○ Behavioural Challenges (please describe condition)            _____            _____</li> </ul>																
<b>4. Vision, Hearing or physical mobility (please circle appropriate description)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">○ Vision</td> <td style="width: 20%;">Good</td> <td style="width: 20%;">Adequate</td> <td style="width: 20%;">Poor</td> <td style="width: 20%;">Unknown</td> </tr> <tr> <td>○ Hearing</td> <td>Good</td> <td>Adequate</td> <td>Poor</td> <td>Unknown</td> </tr> <tr> <td>○ Physical</td> <td>Good</td> <td>Adequate</td> <td>Poor</td> <td>Unknown</td> </tr> </table> <b>Helpful Background Information</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is extra support required at school?</li> <li><input type="checkbox"/> Does disability affect the safety of the participant?</li> <li><input type="checkbox"/> Is extra support/assistance required for basic care?</li> <li><input type="checkbox"/> Is the participant currently associated with a support agency?</li> </ul>		○ Vision	Good	Adequate	Poor	Unknown	○ Hearing	Good	Adequate	Poor	Unknown	○ Physical	Good	Adequate	Poor	Unknown
○ Vision	Good	Adequate	Poor	Unknown												
○ Hearing	Good	Adequate	Poor	Unknown												
○ Physical	Good	Adequate	Poor	Unknown												
<b>APPLIES TO PARKS PROGRAM ONLY</b>																
<u>At the end of the Program</u> (please check): a) My child is to wait until a parent arrives to pick-him/her up <input type="checkbox"/>  <b>APPLIES TO NEWTON YOUTH ONLY:</b> <u>My child will:</u> a) Remain on the playground for lunch <input type="checkbox"/> b) Be picked up for lunch <input type="checkbox"/>																
Signature of Adult: _____	Date: _____															
Personal information is collected under the authority of the municipal freedom of information and protection of privacy act, 1989, as awarded, and will be used in the administration of the summer program or in the event of a medical emergency. Questions about this collection should be directed to: Parks and Recreation, 255 Christina St. N. Sarnia, ON N7T 7H2 519-332-0330																