

Montgomery County Department of Recreation
Health & Information Form: Participant

(Please Print)

Participant Information

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____

Parent/Guardian Name(s): _____ Child: Male Female

Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

In case of emergency and a parent is not available, list an emergency contact:

Contact: _____ Phone(s): _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child:
(List your name and any other individuals you authorize who are at least 16 years old.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Health Information

- Date of Child's last Tetanus shot: _____ (**must be completed for child to attend**)
- Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? No Yes (**If yes, provide physician's statement**)
(Note: For emergency medical treatment, 911 will be called.)
- **An Authorization for Medication form must be attached if your child must receive medication during program hours. Ask the Program Director for this form.**
- List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.

- List your child's allergies: _____

Registration Release Statement

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves of his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: _____

Date: _____