



Attach Child's
Photo Here.
REQUIRED

Child Information and Health History Record 18/19

Please Print - Fill out all sections completely

Name _____

School (Fall) _____ Grade (Fall) _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____ Age as of 9/1/18 _____

Mother's Information

Father's Information

Name: _____

Name: _____

Address (if different from above)

Address (if different from above)

Home Phone (if different from above)

Home Phone (if different from above)

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

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 on reverse side)

_____ 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 on reverse side)

_____ 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 _____

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

B: 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 _____



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