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South Kingstown Parks and Recreation
Participant Medical Form
Forms are valid for the 2023 calendar year

_____________________________ _____________________________ ______ ______/______/_________
Child's Last Name | Child's First Name | Age | Date of Birth

_____________________________ ______ __________________
Current School | Grade | Male/Female

____
Mailing Address | City | State | Zip Code

_____________________________ ____________________ ____________________ ____________________
1) Parent / Guardian (full name) | Relationship to Child | Primary Phone | Alternate Phone

_____________________________ ____________________ ____________________ ____________________
2) Parent / Guardian (full name) | Relationship to Child | Primary Phone | Alternate Phone

Primary Email Address: ____

Secondary Email Address: ____

PHOTO USAGE AGREEMENT

_______ I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes, and other depiction either in print or on social media) FOR PUBLICIZING South Kingstown Park and Recreation Department activities.

CHILD RELEASE

Please check only one release option. **Note: there will be an amended sign out policy for Youth Basketball and Flag Football**

_______ **Option A: General Release**: Child is allowed to leave at the conclusion of the activity with an adult listed on this form.

OR

_______ **Option ID: Photo ID & Signature Required at Pick Up:** This option should be used only for extreme circumstances (i.e. custody/court order, etc). **NOTE:** Individuals authorized to pick up must sign the child out with a staff person and will be required to show a photo ID as proof of identification every time. If an individual is not on the authorized list and/or does not have proof of identification, the child will not be released until permission is obtained from the parent/guardian.

EMERGENCY CONTACT INFORMATION

****Contacts listed below are in addition to parent/guardian listed above. These individuals will be authorized to pick your child up as well as be contacted should an emergency arise and you cannot be reached.**
-Please list in order of preference the individuals you want contacted
-Must be 16 years or older to pick-up.

3) Full Name: ______________________________ Relationship to child: ____________________ Primary phone: ____________________

4) Full Name: ______________________________ Relationship to child: ____________________ Primary phone: ____________________

5) Full Name: ______________________________ Relationship to child: ____________________ Primary phone: ____________________

6) Full Name: ______________________________ Relationship to child: ____________________ Primary phone: ____________________

*Please notify all contacts that they are listed on this form.

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

This portion of the form is for you to list any information such as but not limited to: allergy, medical, dietary, physical, emotional or other for your child. Please fill out the information as completely as possible.
***If your child does not have any restrictions please initial here ________.**

You agree (by initialing) that you have read this statement and that your child does not have any special conditions, needs, limitations, allergies, dietary restrictions, medications, or other that staff needs to be made aware of in order for your child to participate in our programs.

****Non-disclosure may result in dismissal from the program with no refund****

Participant Medical Information:

Participant History: Please check all that apply if your child currently has or has had in the last 12 months. If your child has any special conditions, needs or limitations, you must speak with the Recreation Supervisor (for Discovery, Vacation, Mini Camp) prior to being accepted into the program. For all other camps or programs, you would be put in contact the person in charge to discuss the matter.
Note: While we understand and respect your child's privacy and the information listed on this form, there may be a need for staff to discuss these medical issues with your child's instructor. This will help them prepare in advance and help better serve the needs of your child during camp.
***By initialing here _____ you agree to allow the Recreation Supervisors to release that information.**

____Asthma ____Hyperactivity ____Heart trouble ____Fainting
____Convulsions/Seizures ____Trouble with ears ____Hives/rash ____Chronic cough
____Frequent headaches ____Bleeding disorder ____Diabetes ____Motion sickness
____Bloody nose ____Dizziness ____Wear Glasses ____Wears a hearing aid
____Has a primary language other than English ____Has had the need for an aide at school
____Has been or is currently being treated for ADD or ADHD ____Is currently on an IEP (individual education plan)
____Does not know how to swim ____Other not listed: ____
Please comment on all checked items:
____
____

Dietary Restrictions: If your child has any dietary restrictions, please provide instructions.
____Child has no restrictions.
____Child has the following restrictions ____
____

Allergies: If your child has any allergies or is sensitive to anything, please check and explain any procedures staff should be aware of in the event reactions occur: ____Child has no known allergies ____Child has no known sensitivities

____Food ____Medicine ____Animals ____Environmental
____Insect/Bee stings ____Poison Oak/Ivy ____ Sunburn/Sunscreen ____Latex
Other (please explain) ____

Please comment on all checked items: ____
____
____

Medications: If your child requires **ANY medication during program hours**, they must keep it stored in a secure container with their name on it and keep it in THEIR bag/back pack. You are REQUIRED to list those medications below.
It's important to note that staff is not permitted to administer ANY medication. Staff will do their best to remind a child to take a medication HOWEVER the child should be aware of when to take it
Name of Medication/Reason: ____
Name of Medication/Reason: ____

To better serve your child, please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc. Please list any strategies used to manage the concern or to enhance your child's ability to be more successful and happier while participating in our programs.
____
____

By signing below, I certify all information is true and correct to the best of my knowledge.
Signature:_______________________________________ Date:_______________