



PARTICIPANT HEALTH HISTORY FORM

For Office Use Only:

Date Received: _____ Received By: _____

Section I - Participant Information

First Name: _____ Middle Initial: _____ Last Name: _____
Nickname: _____ Date of Birth: _____ Age on Arrival at Program: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Primary Contact's Email: _____

Section II - Emergency Contact Information (must be different than primary contact for minors)

First Contact Name: _____ Relationship: _____
First Contact Primary Phone: _____ First Contact Work Phone: _____
Second Contact Name (non-parent): _____ Relationship: _____
Second Contact Primary Phone: _____ Second Contact Work Phone: _____

Section III - Health History

1. Does the participant have an illness, condition, or disability which might limit participation in this activity? Yes No
(i.e., chronic knee pain) If YES, please explain: _____
2. Is the participant currently taking any medications? Yes No
(includes over the counter) If YES, please explain: _____
3. Does the participant have any allergies? Yes No
(e.g., bees, medications, foods, latex, etc.) If YES, please explain: _____
4. Does the participant carry anaphylaxis emergency treatment (Epi-pen) or emergency care medication? Yes No
If YES, please explain: _____
5. Has the participant ever had any of the following?
Asthma Yes No Diabetes Yes No Heart Problem Yes No Seizures Yes No
Other Pertinent Conditions Yes No If YES, please explain: _____
6. Are all vaccinations current? Yes No
7. Please list any and all dietary restrictions: _____
8. Swimming Ability: Non-Swimmer Beginner Intermediate Advanced
9. Height (youth program only): _____ Weight (youth program only): _____

Section IV - Indemnification and Authorized Signatures

I hereby give permission for City of Roanoke Parks and Recreation staff to provide basic First Aid and seek emergency medical treatment including the ordering of x-rays and routine tests. I give permission for staff to arrange the necessary medical transportation needed. I authorize emergency personnel to treat me or my child in the case of an emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital.

Participant Signature: _____ Date: _____
Parent or Guardian Signature: _____ Date: _____