HEALTH HISTORY FORM FOR (CHILD’S NAME:)

PARENTS: Please complete this form and return it to the UAF Athletics & Recreation Department. This information will be kept confidential and will be used only by professional staff who read it to better understand and work with your child.

HEALTH HISTORY: (if any of the following apply, please check & give needed information; if not please, put N/A)

MEDICAL
- Ear Infections
- Seizures
- Diabetes
- Asthma
- Behavior Problems

ALLERGIES
- Hay fever
- Ivy Poisoning, etc.
- Insect Stings
- Prescription drugs
- Food

DISEASES
- Chicken Pox
- Measles
- German Measles
- Mumps

Please state briefly any reaction to the mentioned above or other areas to be aware of:

IMMUNIZATION RECORDS WILL BE REQUIRED FOR ALL CHILDREN. PLEASE PROVIDE US WITH THE MOST CURRENT RECORDS. UPDATED RECORDS ARE REQUIRED AS ADDITIONAL IMMUNIZATIONS ARE RECEIVED.

Name of Family Physician
Phone Number

Operation or serious injuries (dates)

Chronic or recurring illness

Physical condition(s) requiring special attention:

Any specific activities to be encouraged

Is child hyperactive?

Is child on medication for hyperactivity?

Is there any medication to be taken during the program day? (Name it and give instructions, we will keep all medication in the office until prescribed time)

Waiver & Consent for Emergency Treatment

I am aware that the activity for which I am registering my child involves several inherent risks of bodily injury. In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against the University of Alaska, its Board of Regents, employees and agents, for any and all injuries suffered by my child while participating in this activity unless such injury is caused by the gross negligence of the University of Alaska. I give my consent to emergency treatment, including hospitalization, as may be needed for the welfare of my child.

Parent/Guardian Signature: ___________________________ Date: __________

This authorizes the UAF Recreational Camp Staff to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency care for (Child’s name) to a medical or hospital facility for emergency medical or surgical care if I cannot be contacted immediately. I understand a conscientious effort will be made to locate the parents or legal guardian before any action is taken. I understand my obligation to keep my child care provider informed on my whereabouts. I will assume the cost of necessary medical or surgical care.

Parent/Guardian Signature: ___________________________ Date: __________