



Alamogordo Family Recreation Center

PARTICIPANT HEALTH / SPECIAL NEEDS INFORMATION

Please take time to complete this page carefully. The information contained on this form is considered confidential and will only be utilized by staff of the Alamogordo Family Recreation Center (COA – COMMUNITY SERVICES) to ensure that proper care and attention is given to health and safety of the participant. EXCEPTION: information will be shared with EMS in an emergency situation.

GENERAL MEDICAL INFORMATION FOR PARTICIPANT

FAMILY DOCTOR:

PHONE NUMBER:

INSURANCE CARRIER:

QUESTIONNAIRE

1. Is your child taking any medication that will need to be administered during program hours (e.g., oral, injection, prescription, non-prescription, inhaler...)?

YES NO IF YES, please complete the **MEDICATION ADMINISTRATION REQUEST FORM**.

2. Does your child have a medical condition or disability (physical, mental or developmental) that may affect their participation or integration into the program?

YES NO IF YES, please specify: _____

3. Does your child have any life-threatening allergies?

YES NO IF YES, please specify type: _____
(e.g. peanut, bee, penicillin...)

4. Does your child have any allergies, not considered life threatening?

YES NO IF YES, please specify type: _____
(e.g. sunscreen, pollen, grass...)

5. Does participant have any food sensitivities?

YES NO IF YES, please specify type: _____
(e.g. lactose, gluten, egg...)

MEDICAL CONSENT

I, _____, as the legal parent/guardian of a minor child, _____, authorize the Alamogordo Family Recreation Staff, City of Alamogordo, New Mexico, to consent on my behalf to any examination, anesthetic, medical or surgical diagnosis and treatment as well as any hospital care which he/she determines, on the advice of any physician or surgeon licensed to practice in the State of New Mexico, should be rendered to my minor child in the event of any illness or injury resulting from my minor child's participation in the Alamogordo Family Recreation Center activities.

Youth Participant Name

Parent/Guardian Printed Name

Date

Parent/Guardian Signature