

SOUTH SHORE COMMUNITY CENTER
HEALTH EXAMINATION FORM

Child's Last Name _____ First Name _____ Birth date _____

Parent/Guardian _____ Phone _____

Home Address _____

Email Address _____

Emergency Contact # 1 _____ Phone _____

Emergency Contact # 2 _____ Phone _____

Health History

(Parents must complete form)

Does your child have allergies? If so, to what and is an epipen required?

Does your child have health or learning issues?

Is your child on any medications?

Name of Family Physician _____ Phone _____

IMPORTANT – MUST BE COMPLETED FOR ATTENDANCE

Parent's Authorization. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed summer program activities except as noted by the examining physician and me.

I hereby give permission to the physician selected by the program director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order an injection and/or anesthesia and/or surgery for my child as named above.

Signature _____ Witness _____

Date _____

Please return all forms by May 3rd, 2010