

Student Registration Form



PARTICIPANT INFORMATION

School Name		Grade	
Last Name		First Name	
Address		City	State Zip
Home Phone ()	Birthdate / /	Age	Sex
Parent/Guardian Name		Work Phone ()	Cell Phone ()
<small>The Rockford Park District is committed to providing services in an equitable manner. The following question is optional, but helps us measure how we are doing. RACE/ETHNICITY (select all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic (any race)</small>			

HEALTH INFORMATION

- Does participant have allergies that may require medication (i.e. EpiPen, Benadryl, etc.)? Yes No
(If yes, complete a Medication Administration Permission Form and Log, available in this packet)
- Will participant need to take medication during program hours? (If yes, complete a Medication Administration Permission Form and Log, available in this packet) Yes No
- Does participant have a disability or medical condition that may require assistance or accommodation? (i.e. diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No

HEALTH HISTORY

Has or does the participant:

Check "Yes" or "No" for each statement

1) Ever been treated for emotional or behavioral difficulties or an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13) Have problems with bed-wetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Seen a professional to address mental/emotional health concerns during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14) Have a history of sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Had a significant life event that continues to affect his/her life? (death of a loved one, family change, adoption, foster care, history of abuse, new sibling, survived a disaster, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	15) Current level of activity back home	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
4) Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16) Any pre-existing injuries (ankle, knee, back, neck, etc.) that might be aggravated by participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have recurrent/chronic illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17) Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have any physical limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18) Have heart problems or high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19) Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20) Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21) Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22) Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Wear glasses, contacts or other eyewear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23) If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Have any skin problems or rashes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24) Date of last Tetanus inoculation	/ /

Please explain "Yes" answers in the space below, referring to the question number.



ROCKFORD PARK DISTRICT

Student Registration Form *continued*

DISCRETIONARY MEDICATIONS

The following non-prescription medications may be stocked at the Atwood Environmental Center and are used on an as-needed basis to manage illness and injury. Generic equivalents may also be used. Cross out any which the participant should not be given.

Acetaminophen (Tylenol)	Antihistamine/allergy medicine	Calamine lotion
Ibuprofen (Advil, Motrin)	Diphenhydramine (Benadryl)	Hydrocortisone cream (non-itch)
Antacid (Tums)	Cough drops	Antibiotic cream

EMERGENCY INFORMATION

Contact Name	Relationship	Phone #1 ()	Phone #2 ()
Contact Name	Relationship	Phone #1 ()	Phone #2 ()
Contact Name	Relationship	Phone #1 ()	Phone #2 ()
Physician Name	Phone ()	Hospital	

WHAT HAVE WE FORGOTTEN TO ASK?

Please provide in the space below any additional information about the participant and his/her health that you think important, or which may affect his/her ability to fully participate in the Environmental Recreation & Education program.

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