

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