

**Town of Wilson Recreation Registration,  
Medical History and Immunization Record**

This form **must be completed and signed by the parent/guardian** of all children participating in the Wilson Recreation Program.

**A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD FROM EITHER HIS/HER ENROLLED SCHOOL OR DOCTOR MUST BE ATTACHED TO THIS FORM.**

**NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**GRADE ENTERING IN SEPTEMBER** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**ADDITIONAL PHONE NUMBERS FOR PARENT/GUARDIAN** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP TO PARTICIPANT** \_\_\_\_\_

**FAMILY PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ILLNESSES AND INJURIES**

Asthma  Bleeding/Clotting Disorder  Diabetes   
Heart defect/Disease  Hypertension  Musculoskeletal Disorders  Seizures   
Other (please specify) \_\_\_\_\_

Operations and/or serious injuries (with dates) \_\_\_\_\_

**ALLERGIES**

Animals  Food  Hay Fever  Insect Stings  Medicine  Plants   
Pollen  Sun   
Other (please specify) \_\_\_\_\_

**PLEASE TURN OVER & COMPLETE**

HEALTH CONDITIONS

Emotional Disturbances  Fainting  Hearing Impairment  Wears Glasses   
Wears Contacts

Other (please specify) \_\_\_\_\_

Please explain ALL items that are checked. Indicate any information you feel would be useful to the person in charge in relation to any of these health conditions. Also indicate any activities that should be restricted: \_\_\_\_\_

MEDICATIONS

Please list all medications participant is currently taking and for what reason.

OUR STAFF IS NOT TRAINED TO ADMINISTER ANY MEDICATIONS AND ARE NOT ALLOWED TO APPLY SUNSCREEN OR INSECT REPELLANT. IF YOUR CHILD REQUIRES MEDICATION, (EX. EPI-PEN OR INHALERS, ETC), OR REPELLANT. WE WILL NEED TO HAVE A LETTER FROM HIS/HER DOCTOR STATING THAT THE CHILD IS CAPABLE OF SELF-ADMINISTERING THE ABOVE. IF YOU WOULD LIKE YOUR CHILD TO CARRY AND USE FDA APPROVED SUNSCREEN, PLEASE PROVIDE WRITTEN PERMISSION.

In consideration of your accepting my child's application, individually as parent and natural guardian, I hereby waive, release and forever discharge the Town of Wilson, it's employees, agents, representatives and officers from any and all claims or causes of actions for damages which I have or which I may hereinafter have individually or as parent and natural guardian of my child against the Town of Wilson, its' employees, agents, representatives and officers for any and all damage which may be sustained by me and/or my child in connection with my involvement with the Town of Wilson Recreation Program. I further agree that any and all medical bills incurred as a result of my child's participation in the Town of Wilson Recreation Program shall be submitted to my health provider for payment and shall not be the responsibility of the Town of Wilson. I hereby certify that all the above information is true and complete.

DATE: \_\_\_\_\_ Parent/Guardian Name (Sign): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

FOR ADMINISTRATIVE USE ONLY	
RECEIVED _____	DATE: _____
MEDICAL RECORD ATTACHED:	<input type="checkbox"/>