

## MEDICAL PROFILE

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Primary Guardian:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_

**Secondary Guardian**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Daytime Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Nighttime Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL QUESTIONS PERTAIN TO PARTICIPANT**

Heart Murmur	YES	NO	Ear, Nose, Throat Trouble	YES	NO
High Blood Pressure	YES	NO	Eye Trouble /Glasses /Contacts	YES	NO
Appendectomy	YES	NO	Chest Pain	YES	NO
Disease or Injury to Joints	YES	NO	Hernia Repair	YES	NO
Stomach Trouble / Ulcers, etc.	YES	NO	Back Problems	YES	NO
Epilepsy	YES	NO	Tuberculosis	YES	NO
Gum or Tooth Trouble	YES	NO	Rheumatic Fever	YES	NO
Hay Fever, Asthma	YES	NO	Bee Stings	YES	NO
Shortness of Breath	YES	NO	Poison Ivy	YES	NO
Dizziness, Fainting	YES	NO	Physical Activity Restriction	YES	NO
Head Injury / Concussion	YES	NO	General Allergies	_____	
Diabetes	YES	NO	Other	_____	

Medications \_\_\_\_\_

Choice of Hospital \_\_\_\_\_

To participate, we, the undersigned, do hereby agree to hold, now and in the future, the Town of East Longmeadow, their officers, agents, and employees free from any liability for any personal injury or damages incurred as a result or participation in a program sponsored by the East Longmeadow Recreation Department.

In the event that my child or I need emergency medical treatment or hospitalization while at the East Longmeadow Recreation Department, I hereby give my permission for the rescue squad to be called, and for emergency medical treatment to be given by the rescue squad, or pending the arrival of the rescue squad, for emergency treatment to be provided by the recreation staff and if deemed necessary for my child or me to be transported to nearest hospital or hospital of choice indicated above

Parent/Guardian/Individual Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

11/8/2001