



TOWN OF EAST LONGMEADOW RECREATION

Fun Happens Here.

EAST LONGMEADOW RECREATION DEPARTMENT MEDICAL PROFILE

Participant's Name: _____ Date of Birth: _____ Age: _____

Primary Guardian: _____ Address: _____

Home Phone: _____ Cell phone: _____

Secondary Guardian: _____ Address: _____

Home Phone: _____ Cell phone: _____

ALL QUESTIONS PERTAIN TO PARTICIPANT(S)

Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Dentist's Name: _____

Phone Number: _____ Phone Number: _____

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

General Allergies: _____ Choice of Hospital: _____

Medications/Other: _____

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 the nearest hospital or hospital of choice indicated above.

Signature: _____ Date: _____