

**TOWN OF PENDLETON  
INDIVIDUAL HEALTH RECORD AND MEDICAL PERMIT**

This form must be completed and signed by Parent/Guardian for all persons participating in the Pendleton Summer Recreation Programs.

NAME (child): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(PRINT)

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

DATE OF MOST RECENT HEALTH EXAM: \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION: \_\_\_\_\_

**\*\* PLEASE INCLUDE A COPY OF IMMUNIZATION RECORD \*\***

**ILLNESSES AND INJURY**

Asthma       bleeding/clotting disorder       diabetes       heart defect/disease  
 Hypertension       musculoskeletal disorders       seizures       other (specify)

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Operations and/or serious injuries (with dates):

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**ALLERGIES**

Animals       food       hay fever       insect stings  
 Medicine       plants       pollen       sun       other (specify)

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**OTHER HEALTH CONDITIONS**

Emotional disturbances       fainting       menstrual cramps

hearing impairment       wears glasses       wears contact lenses       other (specify):

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Please explain all items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted:

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**MEDICATIONS**

Please list all medications participant is taking and for what reason:

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**MEDICAL ATTENTION AUTHORIZATION**

In an EMERGENCY, should it happen that we, the parents and/or guardians of \_\_\_\_\_ cannot be located promptly, HEREBY AUTHORIZE THE REPRESENTATIVE/SUPERVISING ADULT of the TOWN OF PENDLETON SUMMER RECREATION PROGRAM to be my (our) agent in authorizing any hospital/physician deemed advisable by, and rendered under the general supervision of any licensed medical doctor on the staff of any hospital for my child/legal ward or myself.

Effective from (date): \_\_\_\_\_ to \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If there is religious opposition to medical treatment or immunization, you must supply a written statement indicating the religious belief. This statement must be signed and dated.**

**I WILL PROVIDE MY CHILD WITH DAILY SUNSCREEN IN A LABELED CONTAINER WITH HIS/HER NAME. I GIVE MY CHILD \_\_\_\_\_ PERMISSION TO SELF ADMINISTER HIS/HER OWN SUNSCREEN/INSECT REPELLANT (SPF LEVEL \_\_\_\_\_)**

**PARENT/GUARDIAN:**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

**THIS FORM MUST BE IN THE POSSESSION OF THE SUPERVISING ADULT AT ALL TOWN OF PENDLETON SUMMER RECREATION ACTIVITIES IN CASE OF A MEDICAL EMERGENCY.**