

HEALTH INFORMATION FORM
(PLEASE COMPLETE AND RETURN)

Students Name	Date of Birth	Age (as of class date)
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Class Enrolled In: _____

Emergency Contacts: The following adults are authorized to be contacted and/or pick this student up in the event of an emergency (please list at least 2 individuals):

Name	Relationship to Student	Phone
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Name	Relationship to Student	Phone
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Name	Relationship to Student	Phone
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Physician's Name: _____ **Phone:** _____

Any special needs or accommodations? If so, please explain:

Any medical conditions? If so, please explain:

Any allergies to any items, foods, bees, medicine, etc? If so, please explain: _____

RELEASE WAIVER: As the parent or guardian of the enrolled student, I grant my permission to the York County Department of Parks and Recreation, for the child to participate in all of the scheduled activities for the session(s). For special exceptions, I have made arrangements through the Parks Department to accommodate the student. I also give my permission to the Parks staff to administer emergency First Aid to the enrolled student as needed. The Parks staff will immediately telephone the emergency contact person following a serious incident.

PARENT OR GUARDIAN

DATE