



MEDICAL HISTORY

Please provide information in relation to any health conditions, behavioral concerns, dietary needs, medication or special needs. All health-related information will remain confidential, except in emergency situations.

Park District staff is not authorized to dispense any medication. If epinephrine is needed, Please fill out the Epi Pen form, found on our forms tab at <https://cwpd.recdesk.com/Community/Page?pageId=18558>.

Participant Name: _____

List all medications prescribed or taken regularly:

Health Concerns; check all that apply:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Inhaler |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other | |

If Other, please explain: _____

List all allergies and reactions (Required):

Example 1: Peanut allergy only when ingested not inhaled - Body rash and tongue swelling.
Example 2: Poison Ivy - minor rash.

Detail any emotional, behavioral or physical disabilities staff should be aware of to improve the participant's experience (Required):

Such as ADD, ADHD, Autism, PTSD, use of braces/canes/walkers/wheelchairs.

Print Name (Required): _____

Signature (Required): _____