



# South Kingstown Parks and Recreation Participant Medical Form Forms are valid for the 2024 calendar year

Entered into RecPro by:  
\_\_\_\_\_ (please initial)  
on \_\_\_\_\_ (date)

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1) Parent / Guardian (full name) \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

2) Parent / Guardian (full name) \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

### PHOTO USAGE AGREEMENT

I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes, and other depiction either in print or on social media) FOR PUBLICIZING South Kingstown Park and Recreation Department activities.

Yes, SKPR can my child's name and/or likeness  No, SKPR cannot use my child's name and/or likeness

### CHILD RELEASE

Please check only one release option. **Note: there will be an amended sign out policy for Youth Basketball and Flag Football**

**Option A: General Release:** Child is allowed to leave at the conclusion of the activity with an adult listed on this form.

**OR**

**Option ID: Photo ID & Signature Required at Pick Up:** This option should be used only for extreme circumstances (i.e. custody/court order, etc). **NOTE:** Individuals authorized to pick up must sign the child out with a staff person and will be required to show a photo ID as proof of identification every time. If an individual is not on the authorized list and/or does not have proof of identification, the child will not be released until permission is obtained from the parent/guardian.

### EMERGENCY CONTACT INFORMATION

**\*\*Contacts listed below are in addition to parent/guardian listed above. These individuals will be authorized to pick your child up as well as be contacted should an emergency arise and you cannot be reached.**

- Please list in order of preference the individuals you want contacted
- Must be 16 years or older to pick-up.

3) Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Primary phone: \_\_\_\_\_

4) Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Primary phone: \_\_\_\_\_

5) Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Primary phone: \_\_\_\_\_

6) Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Primary phone: \_\_\_\_\_

\*Please notify all contacts that they are listed on this form.

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

This portion of the form is for you to list any information such as but not limited to: allergy, medical, dietary, physical, emotional or other for your child. Please fill out the information as completely as possible.

**\*If your child does not have any restrictions please initial here** [yellow box]

You agree (by initialing) that you have read this statement and that your child does not have any special conditions, needs, limitations, allergies, dietary restrictions, medications, or other that staff needs to be made aware of in order for your child to participate in our programs.

*\*Non-disclosure may result in dismissal from the program with no refund\**

**Participant Medical Information:**

**Participant History:** **Please check all that apply** if your child currently has or has had in the last 12 months. If your child has any special conditions, needs or limitations, you must speak with the Recreation Supervisor (for Discovery, Vacation, Mini Camp) prior to being accepted into the program. For all other camps or programs, you would be put in contact the person in charge to discuss the matter.

**Note:** While we understand and respect your child's privacy and the information listed on this form, there may be a need for staff to discuss these medical issues with your child's instructor. This will help them prepare in advance and help better serve the needs of your child during camp.

**\*By initialing here** [yellow box] **you agree to allow the Recreation Supervisors to release that information.**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Hyperactivity           | <input type="checkbox"/> Heart trouble                                      | <input type="checkbox"/> Fainting            |
| <input type="checkbox"/> Convulsions/Seizures                                   | <input type="checkbox"/> Trouble with ears       | <input type="checkbox"/> Hives/rash   | <input type="checkbox"/> Chronic cough       |
| <input type="checkbox"/> Frequent headaches                                     | <input type="checkbox"/> Bleeding disorder       | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Motion sickness     |
| <input type="checkbox"/> Bloody nose  | <input type="checkbox"/> Dizziness               | <input type="checkbox"/> Wear Glasses                                       | <input type="checkbox"/> Wears a hearing aid |
| <input type="checkbox"/> Has a primary language other than English              |  | <input type="checkbox"/> Has had the need for an aide at school             |  |
| <input type="checkbox"/> Has been or is currently being treated for ADD or ADHD |  | <input type="checkbox"/> Is currently on an IEP (individual education plan) |  |
| <input type="checkbox"/> Does not know how to swim                              | <input type="checkbox"/> Other not listed: _____ |   |  |

Please comment on all checked items:

\_\_\_\_\_  
\_\_\_\_\_

**Dietary Restrictions:** If your child has any dietary restrictions, please provide instructions.

- Child has no restrictions.
- Child has the following restrictions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** If your child has any allergies or is sensitive to anything, please check and explain any procedures staff should be aware of in the event reactions occur:

- Child has no known allergies       Child has no known sensitivities
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Food              | <input type="checkbox"/> Medicine       | <input type="checkbox"/> Animals           | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Insect/Bee stings | <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Sunburn/Sunscreen | <input type="checkbox"/> Latex         |
- Other (please explain) \_\_\_\_\_

Please comment on all checked items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** If your child requires **ANY medication during program hours**, they must keep it stored in a secure container with their name on it and keep it in THEIR bag/back pack. You are REQUIRED to list those medications below.

\*It's important to note that staff is not permitted to administer ANY medication. Staff will do their best to remind a child to take a medication HOWEVER the child should be aware of when to take it\*

Name of Medication/Reason: \_\_\_\_\_  
Name of Medication/Reason: \_\_\_\_\_

To better serve your child, please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc. Please list any strategies used to manage the concern or to enhance your child's ability to be more successful and happier while participating in our programs.

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: [yellow box]

Date: [yellow box]