Year 2019 **LORDSTOWN VILLAGE RECREATION PROGRAM - FUN DAYS MEDICAL FORM**

Participant's Name _____ Phone # _____

Address _____ Age (if preschool) OR GRADE COMPLETED _____

PART I - MEDICAL HISTORY

NOTE: IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN THE SPACE PROVIDED AFTER THE QUESTIONS!

Has participant ever been hospitalized or had surgery?	Yes _____	No _____
Is participant currently taking any medication?	Yes _____	No _____
Has participant ever been severely injured or had a serious medical illness?	Yes _____	No _____
Has a physician ever recommended limits of any kind of physical activity?	Yes _____	No _____
Is participant currently under the care of a physician?	Yes _____	No _____
Does participant have any allergies? (list below)	Yes _____	No _____

Explanation to "yes" in above list and listing of allergies: _____

_____

_____

PART II - INSURANCE RELEASE

I, the undersigned, will assume full responsibility for the payment of all medical expenses for any injury or illness received by the above named participant while engaged in any program sponsored by the Lordstown Village Recreation Department. In addition, I and my spouse shall hold harmless the Village of Lordstown, its governing body and the staff of Fun Days for any accident or injury which may occur during the above named participant's attendance at Fun Days.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PART III - CONSENT FOR EMERGENCY MEDICAL TREATMENT

If unable to contact me at (phone #) _____ or other parent at (phone #) _____

I hereby give my consent for:

(1) treatment by (preferred physician) _____ at (phone #) _____

(2) treatment by (preferred dentist) _____ at (phone #) _____

If either of the above named doctors is unavailable, treatment by another licensed physician or dentist is hereby granted. If my child needs to be transported to a hospital, the preferred hospital is: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PART IV - REFUSAL TO CONSENT TO EMERGENCY MEDICAL TREATMENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action and to: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

T-SHIRT SIZE **YOUTH** Small Medium Large **ADULT** Small Medium Large Extra Large **Please Circle One**