CITY OF MARATHON, FLORIDA
Parks & Recreation Department
9805 Overseas Hwy, Marathon FL 33050
Phone (305) 743-6598 | park@ci.marathon.fl.us | www.ci.marathon.fl.us

Health Information Form 2017

Please return with registration. Bring to the park office, fax or email to park@ci.marathon.fl.us

Participant's Name _____

Birth Date _____ / _____ / _____ Age _____ Sex ☐ M ☐ F

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHYSICAL CONDITION: Please note any conditions, which affect your child and symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of?

ALLERGIES:

Food Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

Drug Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

Insect, Environmental or Other Allergies: _____

Symptoms: _____

Action to be taken by staff in event of onset: _____

PLEASE CHECK ALL THAT APPLY (if yes and there are multiple choices, please circle the appropriate one):

☐ Yes	☐ No	Does your child have Asthma?
☐ Yes	☐ No	Does your child have Diabetes?
☐ Yes	☐ No	Is your child sun sensitive?
☐ Yes	☐ No	Is your child ADD, ADHD or LD?
☐ Yes	☐ No	Does your child have Seizures, Fits or Shaking Spells?
☐ Yes	☐ No	Does your child have Speech, Hearing or Sight Limitation, tubes in ears?
☐ Yes	☐ No	Does your child suffer from headaches or stomachaches?
☐ Yes	☐ No	Does your child attend a special needs class in school?

_____ _____

Parent/Guardian's Signature Date