YOUTH SERVICES PROGRAM
MEDICAL FORM

31 Arbor Way, Ellington, CT 06029 860/ 870-3130

Program Name: **Rive Above Events 2016/17**

LAST NAME: _____FIRST NAME: _____
SEX: M F AGE: _____ DATE OF BIRTH: _____
ADDRESS: _____ PHONE: _____CELL #_____
GRADE_____ SCHOOL_____

Below is used for Youth Services statistic use only. All information is confidential

RACE/ETHNICITY: Caucasian ___ African American ___ Hispanic/Latino ___ Asian ___
Native American ___ Multicultural ___ Other ___
FAMILY: Birth parents/adoptive parents ___ Step & birth parent ___
Single parent (female) ___ Single parent (male) ___ Grandparents ___ Relative/Guardian ___
DCF Guardianship ___ Foster parent(s) ___ On own ___ Joint Custody ___ Other ___

Medical Information:
PHYSICIAN: _____PHONE: _____
DENTIST: _____ PHONE: _____
HEALTH INSURANCE NAME: _____
HOSPITAL PREFERENCE: _____
ASTHMA _____ GLASSES _____ CONTACTS _____ BRACES _____
MEDICATIONS TAKEN REGULARLY: _____

***Is there anything that could affect your child's experience in the program that we should be aware of, i.e. medical concerns, allergies, physical or social limitations, etc.? Yes___ No___**
If yes, please describe_____

Emergency Contacts including parents:
NAME: _____CELL:_____ HOME:_____RELATIONSHIP: _____
NAME: _____CELL:_____ HOME:_____RELATIONSHIP: _____
NAME: _____CELL:_____ HOME:_____RELATIONSHIP: _____

Medical Authorization - (Optional)
In all cases requiring emergency treatment, I hereby give my permission to the Ellington Youth Services staff and the Town of Ellington or his/her designee to select a physician for the registered child, if I cannot be reached. I further authorize the physician to proceed with an examination, investigation and hospitalization, necessary treatment of any injury and/or illness and operation if needed. I also understand that the Town of Ellington does not provide accident or health insurance.
PARENT/GUARDIAN
SIGNATURE:_____ **DATE**:_____

ALL OF THE ABOVE INFORMATION WAS PROVIDED OR APPROVED BY ME AND IS DEEMED TO BE TRUE AND ACCURATE. I HEREBY GIVE MY PERMISSION FOR THE REGISTERED CHILD TO PARTICIPATE IN THE ABOVE INDICATED PROGRAM THROUGH THE TOWN OF ELLINGTON YOUTH SERVICES.
PARENT/GUARDIAN
SIGNATURE: _____ **DATE:** _____

Photos/Videos may be taken at this event that could appear on the Youth Services website or Facebook page or Rise Above Facebook page with no names listed. I give permission for my child to be photographed. I understand no names will be published.

PARENT/GUARDIAN
SIGNATURE_____**DATE:**_____