



## 2019 Medical Form

This form must be signed by a Legal Guardian

*Please Print*

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Emergency phone numbers for parent(s) and or guardian(s). (Cell numbers preferred.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**List any physical or psychological challenges that may affect your child's safety or ability to participate in Box of Rain activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List all medications your child is currently taking and the reason for each:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Will any of the above medications need to be administered during the program day by Box of Rain staff?**  No  Yes Explain: \_\_\_\_\_

**List any restrictions on activities in which your child may participate:**

\_\_\_\_\_

\_\_\_\_\_

**Please indicate your child's swimming ability:**

Beginner (cannot be in deep water without a life vest)  Intermediate  Advanced

*Please Print.*

**Please provide your child's insurance information:**

Insurance Company Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group # (if applicable): \_\_\_\_\_ Medical Assistance ID (if applicable): \_\_\_\_\_

**Preferred hospital in case of an emergency:** \_\_\_\_\_

In the interest of your child's safety, please note that it is the parent/guardian's responsibility to notify Box of Rain if any of the above information changes during the program year.

