

Health and Medical Information

Please fill out one form per child (additional forms can be found on our website).

Child's Name: _____

Does your child have any medical conditions or special needs that the Fridley ROCKS staff should be aware of? If so, an Inclusion Assessment Form (IAF) must be filled out. Please contact Fridley Recreation for the form. No Yes

If yes, please describe: _____

Is your child on medications? No Yes

If so, what medications: _____

If so, does the medication need to be administered while at ROCKS? No Yes

Does this medication need to be refrigerated? No Yes

If your child needs medication(s) administered while attending ROCKS, you will need to fill out a medication permission form. Please contact the Fridley Recreation Division for the Medication Permission Form.

Are there any activities that your child may not participate in: No Yes

If yes, what type of activities? _____

Is there any other information you feel staff should be aware of (child behaviors, life changing events, etc)?

No Yes

If yes, what? _____

Do you carry medical Insurance? No Yes

Carrier: _____ Policy/Group # _____

Medical Information

Primary Clinic: _____

Primary Physician: _____

Address: _____

Telephone Number: _____

Dental Information

Primary Clinic: _____

Dentist: _____

Address: _____

Telephone Number: _____