

# **Mid-Hudson Russian Community Association**

## **Medical Information form**

**Child's Name:** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Pediatrician's name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child's emergency contact** (at least two):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

### **Health Conditions:**

Does your child have any of the following?

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

Allergies (please list type of Allergy) \_\_\_\_\_

### **Is your child allergic to the following first aid products?**

Peroxide \_\_\_\_\_ Rubbing Alcohol \_\_\_\_\_ Neosporin \_\_\_\_\_ Latex products \_\_\_\_\_

Penicillin (or other antibiotic) \_\_\_\_\_ Other \_\_\_\_\_

### **Are there any specific food allergies or dietary restrictions?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify \_\_\_\_\_

**Does your child currently take any medications?** Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: \_\_\_\_\_

When taken: \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Surgeries or Serious Injuries (please list and include dates) \_\_\_\_\_

\_\_\_\_\_

Any specific activities your child **can not** be engaged in?

---

Conditions that require activity to be restricted?

---

Appliances worn (glasses, etc) \_\_\_\_\_

---

Are there any prior medical events or health concerns that we should know about? If so, please specify: \_\_\_\_\_

---

### **Release Form**

My son/daughter \_\_\_\_\_ is presently a registrant attending the *Mid-Hudson Russian Community Association programs*.

I, \_\_\_\_\_ as parent/ guardian, authorize *Mid-Hudson Russian Community Association staff* to make necessary decisions on my behalf concerning the safety of my child in case of any emergency during program hours. I hereby empower the *Mid-Hudson Russian Community Association* to act on behalf of parents in the event of an injury to my child.

I grant permission for my child to use all equipment and participate in all activities at the *Mid- Hudson Russian Community Association* programs. I grant permission for my child to leave the program premises only under supervision by *Mid-Hudson Russian Community Association* staff for neighborhood walks or parks. I do hereby give authority to the *Mid-Hudson Russian Community Association* staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. In the event of a medical emergency, I grant permission to *Mid-Hudson Russian Community Association* staff to call ambulance to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

I herewith permit my child to participate in cooking and food tasting activities during Community events. In the space below I am listing all food restrictions and allergies in respect to my child that *Mid-Hudson Russian Community Association* staff should be aware of:

---

---

---

I hereby release *Mid-Hudson Russian Community Association*, or any of its sponsors, founders, owners or employees of any liability arising from any injury to my child.

**My child's name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_