

GENERAL HEALTH & FITNESS -

This section must be completed by a parent or guardian. Use the back of the form if you need more space.

Health Insurance Information (please provide a front and back copy of the insurance card, if available)

 Is your child covered by family medical insurance? Yes No

Name of company _____ Name of policy holder _____

Policy #/Member ID _____ Company phone # _____

Does your child exercise regularly? Yes No

Activity	Frequency	How long?

How well does your child swim? Strong Intermediate Beginner Doesn't swim

Does your child have any allergies? (foods, medicines, environmental irritants) Yes No

Allergies	Reaction	Medication (if any)

Does your child currently take any medications? Yes No

Include all medications your child is taking (including non-prescription or over-the-counter medication)

Medication	What is it for? (condition/symptom)	Dosage (how much/how often)	Start date	Side effects (if any)

Please check any dietary restrictions that apply

 My child **DOES NOT** eat Beef Poultry Pork Seafood Eggs Dairy Gluten Nuts

 My child is Vegetarian Vegan

Has your child had a Covid Vaccination? Yes No Date given _____

Are there any other physical conditions that may limit your child's participation in Wilderness Kids Alexandria programs? (Asthma, epilepsy, diabetes, allergies, physical limitations, etc)
 No, my child is capable of participating fully Yes, I have concerns about my child's ability to participate

If yes, please describe _____

Parent Signature: _____ **Date:** _____