HEALTH & MEDICAL FORM

Section 1: Identifying Information

Student Name:	Date of Birth:	
Program(s):	Sex:	Age:
Form Completed By:	Date of Completion:	

Section 2: Approved Pick-Up Persons & Emergency Contact Information

Please complete this form as thoroughly as possible. Include yourself and your contact information on this sheet – registration form information will not be taken out of the facility (field trips, etc.)

Legal Name	Relationship	Contact Cell #	Secondary #	Emergency Contact?
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

Section 3: Application of Everyday Treatments

Item	Staff May Help Apply	Note
Sunscreen	Y / N	
Insect Repellant	Y / N	

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Section 4: Swimming Proficiency

Please check all your child is permitted to use:	Notes: (Limitations, experience, etc.)
Wading Pool ☐ Deep Water ☐ (Proficient Swimmers Only) Diving Board/Water Slide ☐ (Proficient Swimmers Only)	

Section 5: Health Disorders, Disabilities, or Conditions

Any disorder, disability, condition, or chronic injury that could either affect the child's ability to perform martial arts/participate in activities or would need to be disclosed to medical personnel or first responders in case of emergency. Such conditions may include but not be limited to: ADD/ADHD, Anxiety, Asthma, Cerebral Palsy, Concussions, Epilepsy, Diabetes, Hearing/Visual Impairment, Heart Conditions, Hemophilia, Sensory Processing Disorders, or Skin Conditions.

Condition	Medications/Medical Devices? Y / N (to be listed in Section 7)

Condition	Medications/Medical Devices? Y / N (to be listed in Section 7)

Section 6: Allergies & Intolerances

Allergen/Irritant	Symptoms
Date of Last Reaction	Medications/Medical Devices? Y / N (to be listed in Section 7)

Allergen/Irritant	Symptoms
Date of Last Reaction	Medications/Medical Devices? Y / N (to be listed in Section 7)

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Section 7: Medications & Medical Devices

List any medications or devices regularly used. Please note if the medication or device is used at home only. A separate form with detailed information and instructions is required for medications or devices brought to the facility.

Medication or Device:	Administered for:
Notes:	
Medication or Device:	Administered for:
Notes:	
Medication or Device:	Administered for:
Notes:	
Medication or Device:	Administered for:
Notes:	

Section 8: Physician & Health Insurance Information

Primary Care Physician	Specialist
Business:	Business:
Name:	Name:
Contact Number:	Contact Number:

Does your child have health insurance? Yes / No

If yes, please provide their information below:

Provider Name	
Policy in Name Of	
Group ID & Policy #	
Contact Number	

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Section 9: Other Notes & Information

Any additional information that did not fit in the above sections, notes on personality, or other any other information that may be useful to staff or emergency responders may be written here.

Section 10: Authorization

I hereby certify that the above statements are complete, true, and correct to the best of my knowledge.

I understand that strict observation by me of the rules and regulations relative to my training, are the same as set out by **Mountain Kim Martial Arts-Burke LLC,** will largely eliminate the possibility of accident or injury. I hereby waive any claim of personal injury or damages against **Mountain Kim Martial Arts-Burke LLC,** or any of its principles, instructors, agents, or employees.

In the event that my child requires immediate attention due to illness or injury while in attendance at **Mountain Kim Martial Arts-Burke LLC**, I authorize **Mountain Kim Martial Arts-Burke LLC** to take whatever steps necessary to obtain immediate medical care in the event that an emergency occurs and the parent(s)/guardian(s) cannot be located immediately- including applying First Aid, CPR, or calling emergency services. I authorize the information in this form to be shared with emergency responders and/or medical personnel if needed.

I understand for **Mountain Kim Martial Arts-Burke LLC** to administer any medication, I will be required to fill out a separate authorization, without which no medication will be administered. I understand that I must supply **Mountain Kim Martial Arts-Burke LLC** with the equipment/supplies needed to administer the medication described in this form. I understand that I, the pharmacist, and/or the physician will be contacted if a question arises about my child's medication.

Signature: **Date:**

Mt. Kim Representative:	**Signature/Initial:**	**Date:**

Please attach a copy of your child's immunization record to this form.