



Fannin County Recreation Department
After School Program 2022/2023
Participant Health Information

Child's Name: _____ Sex _____ Age _____

Parents Name and Phone #:

Child's Physician / Clinic:

Phone #:

Local Medical Facility:

Has participant been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

No _____ Yes _____

Give dates and details:

Does participant have any chronic or recurring illness or conditions? (This includes allergies, physical problems, mental health disorders, mental retardation and developmental disabilities)

Should any activities be limited?

Description of any special procedures to be followed in caring for the child, including special services in which the Fannin Parks and Recreation Department agrees to provide to a child with special needs?

Suggestions on health related information for Summer camp Program personnel:

Participant Immunization History (All forms expire annually)

* Please provide a current copy of your child's Immunization / Booster record. For your convenience you may have your Doctor's office fax a copy to us at 706-946-1131. New records must be obtained each year for Fannin Recreation Department's Childcare programs.