



hitting machine

28 Kingsley Ct., Whitesboro, NY 13492
315-849-9080

Medical Information & Emergency Consent

I. GENERAL INFORMATION

Name of Child _____ Date of Birth _____

Name of parent(s)/guardian(s) _____

Address _____

Work phone or emergency contact number _____

Other person/phone number to contact in emergency _____

Family physician _____ Physician's phone _____

II. MEDICAL INFORMATION

Parents of children participating in program at The Hitting Machine facility are asked to provide the following information in case of injury or illness so that the program supervisors and coaches have quick reference to the special needs of the child.

1. Does your child have any condition that would prohibit his/her participation in a recreational activity program?

____ yes ____ no

2. What restrictions, if any, would impose on the child's participation in this type of program?

3. Are there any activities in which the child's involvement would be restricted? If yes, please specify:

4. Does your child have allergies? ____ yes ____ no To what: _____

5. Does your child wear glasses? ____ yes ____ no

6. Does your child wear contact lenses? ____ yes ____ no

7. Is the child up to date on vaccinations? ____ yes ____ no

8. Has your child had a recent tetanus booster? ____ yes ____ no

9. Do your child currently take medications and/or prescriptions? ____ yes ____ no

If yes, please list: _____

10. Does your child currently have medical insurance? ____ yes ____ no

If yes, please list carrier and policy number: _____