

**Fairfield Recreation Department
Fairfield Adaptive Recreation
Special Playground Information Sheet**

Child's Name _____ Date Of Birth _____

Parent's Name _____ Doctor's Name _____

Address _____ Address _____

Phone _____ Emergency Phone _____ Doctor's Phone _____

I. MEDICAL INFORMATION

A. Seizures

Does your child have any type of seizures? YES ___ NO ___

Please state exactly the nature of this condition and any adjustments in physical activity necessary during active games and swimming: _____

Signs that a seizure may be coming on: _____

Frequency of seizures: _____

Date of last seizure: _____

B. Medication

Is your child currently taking medication? YES ___ NO ___

For what condition is he/she taking it? _____

Medication schedule: _____

Will your child need to take medication between 10:00AM and 3:00PM? YES ___ NO ___

If so, please specify the exact amount: _____

C. Heart

Does your child have a heart condition? YES ___ NO ___

Please state exactly the nature of this condition and any adjustments in physical activity necessary during active games and swimming: _____

D. Vision and Hearing

Does your child have any vision and/or hearing impairments? YES ___ NO ___

Are there any adjustments needed during activity? _____

E. Diet

Are there any foods which your child should be restricted from? YES ___ NO ___

Please state reasons: _____

F. Allergies	Allergy	Reaction	Emergency Treatment
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FOOD	_____	_____	_____
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	_____	_____	_____
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INSECTS	_____	_____	_____
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OTHER	_____	_____	_____
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II. SWIMMING INFORMATION

How well does your child swim? _____

Can your child swim without a life preserver? YES ___ NO ___

Does your child have a fear of water? YES ___ NO ___

III. EDUCATIONAL BACKGROUND

Name of school child attends: _____ Program: _____

Number of years attended: _____ Teachers Name: _____

IV. CHILD'S PERSONAL BACKGROUND

A. Sibling's Name	Age	Lives Home (Yes/No)
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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B. Child's favorite activities and/or hobbies: _____

V. Other Information which would be helpful during our summer program _____
