



YOUTH SERVICES' PROGRAM MEDICAL FORM

31 Arbor Way, Ellington, Ct 06029
860/ 870-3130

Program Name: _____ Referred by: _____
LAST NAME: _____ FIRST NAME: _____
SEX: M F AGE: _____ DATE OF BIRTH: _____
ADDRESS: _____ PHONE: _____
Participant's Homeroom Teacher: _____ Grade: _____
School: _____

Below is used for Youth Services statistic use only. All information is confidential

RACE/ETHNICITY: Caucasian ___ African American ___ Hispanic/Latino ___ Asian ___
Native American ___ Multicultural ___ Other ___
FAMILY: Birth parents/adoptive parents ___ Step & birth parent ___
Single parent (female) ___ Single parent (male) ___ Grandparents ___ Relative/Guardian ___
DCF Guardianship ___ Foster parent(s) ___ On own ___ Joint Custody ___ Other ___

Medical Information:

PHYSICIAN: _____ PHONE: _____
DENTIST: _____ PHONE: _____
HEALTH INSURANCE NAME: _____
HOSPITAL PREFERENCE: _____
ASTHMA ___ GLASSES ___ CONTACTS ___ BRACES ___
MEDICATIONS TAKEN REGULARLY: _____

*Is there anything that could affect your child's experience in the program that we should be aware of, i.e. medical concerns, allergies, physical or social limitations, etc.? Yes ___ No ___
If yes, please describe: _____

Emergency Contacts:

NAME: _____ CELL: _____ HOME: _____ RELATIONSHIP: _____
NAME: _____ CELL: _____ HOME: _____ RELATIONSHIP: _____
NAME: _____ CELL: _____ HOME: _____ RELATIONSHIP: _____
EMAIL: _____

**DO YOU WISH TO BE CONTACTED THROUGH EMAIL IF THERE IS A CANCELLATION OF PROGRAM? YES NO*

Medical Authorization - (Optional)

In all cases requiring emergency treatment, I hereby give my permission to the Ellington Youth Services staff and the Town of Ellington or his/her designee to select a physician for the registered child, if I cannot be reached. I further authorize the physician to proceed with an examination, investigation and hospitalization, necessary treatment of any injury and/or illness and operation if needed. I also understand that the Town of Ellington does not provide accident or health insurance.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

ALL OF THE ABOVE INFORMATION WAS PROVIDED OR APPROVED BY ME AND IS DEEMED TO BE TRUE AND ACCURATE. I HEREBY GIVE MY PERMISSION FOR THE REGISTERED CHILD TO PARTICIPATE IN THE ABOVE INDICATED PROGRAM THROUGH THE TOWN OF ELLINGTON YOUTH SERVICES.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____