



ALL FORMS DUE AT TIME OF REGISTRATION

ANDERSON MILL YOUTH PROGRAMS
EMERGENCY HEALTH HISTORY FORM

11500 El Salido Parkway Austin, Texas 512-258-4104

PLEASE PRINT PARTICIPANT'S NAME _____

Home Address _____

Home Phone _____

Birthdate _____ Sex _____ Age _____

Parent/Guardian 1 Name _____

Place employed _____ Work Phone # _____

Parent/Guardian 2 Name _____

Place employed _____ Work Phone # _____

Parent/Guardian 1 Cell # _____

Parent/Guardian 2 Cell # _____

EMERGENCY INFORMATION -- Two emergency contacts with different contact numbers are required in the event parents/guardians cannot be reached. Please do not include international numbers. Addresses are required.

1. Name _____ Home # _____

Complete Address _____

Business # _____ Cell # _____

2. Name _____ Home # _____

Complete Address _____

Business # _____ Cell # _____

Persons authorized to pick up participant: _____

Person(s) restricted from visitation or pick up: _____

INSURANCE INFORMATION

Pediatrician/Physician _____ Phone # _____

Is the participant covered by family medical/hospital insurance? [] Yes [] No

If yes, indicate carrier or plan name _____ Group # or Insurance ID # _____

Name of policy holder _____ Relationship to Child _____

PARENT'S AUTHORIZATION

This emergency information and health history are correct to the best of my knowledge, and the participant described herein has permission to engage in all prescribed program activities, except as noted on reverse of form.

I, as parent/guardian, authorize Anderson Mill Limited District personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary. The hospital and its medical staff have my authorization to provide any treatment, which a physician deems necessary for the well-being of my child.

I, as parent/guardian will notify Anderson Mill Limited District within 24 Hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease as defined by the state board of health, except for life threatening diseases, which must be reported immediately.

I understand that minor accidents or injuries will be treated at the AMLD facilities and that I will be notified of any such incidents and the treatment administered.

I understand that specific medical information may be shared with Anderson Mill Limited District staff as deemed necessary and will remain confidential.

Signature _____ Date _____



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IMMUNIZATION RECORDS (All participants must have current immunizations)

By signing below you, (parent/legal guardian) _____, attest that the following school,

(Name of School)

(Address)

(Phone Number)

has current and up to date immunization records for (name of child) _____.

OR please fill out the following chart:

Immunization History							
Name of Participant							
Date of Birth:							
Dose:		Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Most Recent
		1	2	3	4	5	
Diphtheria, tetanus, pertussis	DT or DTP						
Inactivated Polio virus	IPV						
Hepatitis B vaccine	HepB						
Haemophilus influenza type b vaccine	Hib						
Pneumococcal conjugate vaccine	PCV						
Measles, mumps, and rubella vaccines	MMR						
Chickenpox vaccine/Chicken Pox	Varicella						
Hepatitis A vaccine	HepA						
	Tetanus Booster						

HEALTH HISTORY

PLEASE LIST ALL ALLERGIES: _____

Operations or Serious Injuries (and dates) _____

Chronic or Recurring Illness _____

Psychological/Behavioral Problems - Please be candid and include recommendations for management.

Use a separate sheet, if necessary. _____

RECOMMENDATIONS AND RESTRICTIONS

Special Diet _____

Swimming, Diving _____

Strenuous Activity _____

Parent/Guardian Declaration: This health history is correct and complete as far as I know.

Signed: _____ **Printed:** _____ **Date:** _____

Signatures on this form must be original. Faxed or copied signatures are unacceptable.



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**ANDERSON MILL YOUTH PROGRAMS
PERMISSIONS FORM**

11500 El Salido Parkway Austin, Texas 512-258-4104

Participant's Name: _____

Transportation Arrangement (Read each section carefully, sign and date in the space indicated.)

THIS FORM MUST BE COMPLETED AND RETURNED FOR ALL

My child has permission to leave the AMLD facilities with the following people:

1. Name: _____

Relationship to child: _____

2. Name: _____

Relationship to child: _____

CAMP ACTIVITIES: I acknowledge that I am aware that my child will be swimming daily, and I give my permission for him/her to take part in all scheduled camp activities.

I rate my child's swimming ability as beginner, intermediate, or advanced.

Signature _____ **Date** _____

PHOTOGRAPH RELEASE: I authorize Anderson Mill Limited District to use and reproduce photograph, film, and videotape taken of my child and circulate same for advertising and publicity purposes of all kinds.

Signature _____ **Date** _____

Please email Williams@amld.org or fax to (512) 258-5848 any changes to the above information