

HEALTH HISTORY FORM:KALEIDOSCOPE IN ACTION 2021

Important: If any information is missing, this form will be returned to you.

Name: _____ Birthday: ____/____/____ AGE ____ GRADE ____
Address _____ Phone _____

Kaleidoscope in Action course codes (Please circle your child’s courses.)

32 Fencing 35 Golf 53 Golf 68 Fencing 84 Flag Football
108 Flag Football 113 Dance 121 Ult. Sports 133 Gone Fishing
140 Soccer 147 Dance 172 Hip Hop

Child’s Weight: _____ pounds

Does this child have any current or past medical issues? ___Yes ___No

If yes, please describe:

Does this child take any medications at home? ___Yes ___No

If yes, please describe:

Does this child have any known allergies to foods or medications? ___Yes ___No

If yes, please describe:

Will this child require any medication at Kaleidoscope this summer? ___Yes ___No

If yes, please describe:

Note: A separate medication authorization form will be required for this purpose. Contact the Kaleidoscope office (508-662-9751) to obtain this paperwork or obtain from website.

Child’s Doctor’s Name: _____

Doctor’s Address: _____

Doctor’s Phone : _____

Insurance Company: _____

Policy Holder: _____

Policy Number: _____

Emergency Contact Information: In the event that we cannot reach you, please identify at least two emergency contacts (names and phone numbers):

1)

2)

Emergency Consent Form: I, the undersigned, will not hold Kaleidoscope, its agents, servants, or employees responsible for any accidents incurred during participation in the Kaleidoscope program. If my doctor cannot be reached or in case of emergency, consent is hereby given for medical treatment and/or surgical care as recommended by physician or hospital.

(parent’s signature)

(date)

Please mail this form (**prior to May 20**) to: Kaleidoscope, Box 506, Andover, MA 01810. You can also email it to mypopcorn2@aol.com. Thank you.