



MONMOUTH COUNTY PARK SYSTEM
PARTICIPANT HEALTH & ACCOMMODATIONS FORM
COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR PARTICIPATION

Participant's Name: _____

Please share with us any MEDICAL or OTHER CONCERNS that we should know about.

(Attach additional sheets, if necessary)

MEDICAL CONCERNS:

Please list any restrictions, physical, intellectual or developmental disabilities or chronic recurring illness. (Example: Asthma, ADHD, severe allergies) If taking medication during camp, please provide medical orders/doctor's protocol/action plan. All medication must be labeled and stored in original container. Parent/Guardian must fill out and sign the Medication Authorization Form. Participant must be capable of administering these medications with supervision.

ALLERGIES: *Example: food, insect bites*

Does the participant have any allergies? **Yes** **No**

If yes, please list specifics. If yes, you must also complete a Food Allergy Action Plan form.

Does the participant need any **SPECIAL ACCOMMODATIONS?** **Yes** **No** If yes, please list.

Example: Sign language interpreter, inclusion coach, etc.

Please provide at least three weeks advanced notice so that reasonable accommodations may be made.

I hereby certify that I am the parent/guardian of _____ and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

Parent/Guardian (signature)

Parent/Guardian (print name)

Date