

radKIDS Wellness Information Form

| (| Child's Full Name | | |
|-----------------|--|------------------------------------|---------------|
| P | Address: | | |
| (| City: | State: | Zip: |
| Day Phone: | | Height: | Weight: |
| Day Phone: Age: | | Date of Birth: | |
| | n case of emergency please contact: | | |
| | Na me: | | |
| | Phone: Relationship: | | |
| | Relationship: | | |
| | <u>Confident</u> | tial Medical History | |
| 1. | Date of child's most recent medical exa | am | |
| 2. | If no, please describe: | on? Yes No | |
| 3. | Has he/she ever been hospitalized or tro If yes, please describe: | | No |
| 4. | Has he/she ever been injured and not re If yes, please describe: | eceived medical attention? Yes_ | No |
| 5. | Does he/she have any current medical of | conditions, which are currently be | sing treated? |

The above information is complete, true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

Instructor's check

TPD Verifications/Comments:

Instructor:

Date: