

**** PRESS HARD WHEN WRITING**

****MUST ACCOMPANY PHYSICAL EXAMINATION FORM.**

KIDS INFORMATION

PLEASE PRINT

Last Name _____ First Name _____ Date of Birth _____

Street Address _____

City _____ Zip Code _____

KIDS Telephone No. _____ Age _____ Sex _____ Race _____

Parent's Employer _____ Father/Mother

Employer Address _____

Health Insurance Company _____

Insurance Number _____

PARENT/GUARDIAN INFORMATION

Name _____

Street Address (if same as KIDS, write "same") _____

City _____ State _____ Zip Code _____

Parent/Guardian Telephone No. _____

Home: _____ Work: _____

EMERGENCY INFORMATION

Person to Contact in Case of Emergency _____

Day Telephone No. (include area code) _____

Night Telephone No. (include area code) _____

Please take this form with you when seeing your physician

HISTORY

Note: This portion of the form should be filled out by parent, guardian, or adult before the examination. The following health information is requested:

- | | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| 1. Had any injuries requiring medical attention..... | <input type="checkbox"/> | <input type="checkbox"/> | 10. Any vision or hearing problem?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had any head or neck injuries?..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. Any allergies or drug problem?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any severe headaches, dizziness, etc?..... | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is under a physician's care now?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had any convulsions?..... | <input type="checkbox"/> | <input type="checkbox"/> | Name of Physician _____ | | |
| 5. Taking any medication now?..... | <input type="checkbox"/> | <input type="checkbox"/> | Address _____ | | |
| | | | City, State, Zip _____ | | |
| | | | Phone Number _____ | | |
| | | | 13. Any reaction to penicillin or other drugs? If so, what?.. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 14. Please elaborate on "Yes" answers: _____ | | |
| | | | _____ | | |
| | | | _____ | | |

APPLICATION FOR PARTICIPATION IN KIDS FROM WISCONSIN PROGRAM
 Parent or Guardian Individual Release

Applicant's Name: _____, Applicant's Age _____
 (Please Print)

I, undersigned parent and/or legal guardian of the above named applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the Kids From Wisconsin program.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Kids From Wisconsin, and I submit a subscribed medical certificate.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his own risk and I, on my behalf, hereby release, discharge and indemnify Kids From Wisconsin from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to you to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Kids From Wisconsin.

If I am not personally present at Kids From Wisconsin activities in which the Entrant is to perform, so as to be consulted in case of necessity, you are authorized on my behalf and ay my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

CHECK APPROPRIATE BOX

- PARENT OR GUARDIAN**
1. I, the undersigned, am parent (guardian) of the below specified person. I have read and fully understand the provisions of the above releases and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.
- ADULT PARTICIPANT**
- I, the undersigned have read and fully understand the provisions of the above releases and hereby agree that I will be bound thereby and I shall defend you and hold you harmless for any disaffirmation.

PARENT/INDIVIDUAL RELEASE

(please print)
 I hereby give my permission for _____ to participate in local, area, and state Kids From Wisconsin shows, recreation programs, and physical activity programs.

SIGNED _____ DATE _____

STREET _____ CITY _____ STATE _____ ZIP _____

AREA CODE _____ PHONE _____

This release is valid until accompanying Physical Examination form expires.