



Please return completed forms to:

Rippleeffect, Inc.
 PO Box 441
 Portland, ME 04112
 (207) 791-7870 fax: 791-8998

Health and Registration Form

General History

Name of participant: _____ Date of birth: _____ Male _____ Female _____

Parent/Guardian Name(s): _____ Relation to Participant: _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Program and dates your child is signed up for: _____

Health History

Please be as thorough as possible!

Failure to report important medical information can result in injury or illness or may compound the severity of an injury or illness.

| CONDITIONS | Comments | ALLERGIES | Comments | DISEASES | Comments |
|---------------------------------|----------|---|----------|--|----------|
| Uncontrolled bleeding | | Latex | | Heart History | |
| Ear infection | | Poison Ivy | | Diabetes | |
| Fainting | | Hay fever / pollens | | Epilepsy | |
| Asthma: Medication type and use | | Food allergies: Type/name/ Epi-pen carried? | | Mental Health: Type/ Medication/ Supervision | |
| Seizures | | Insect Stings: Epi-pen carried? | | Osteoperosis | |
| Low Blood Sugar | | Others; please explain | | Hemophilia | |
| Other; please explain | | | | Others; please explain | |

Do you have any other medical conditions or recurrent injuries that we should know about? _____

Please use space provided below or on the back to explain any treatment or explanation of any of the above. Also please attach a record of past treatment for any situation listed: _____

Please list all medications your child is on with an explanation of what they are for: _____

Current treatment for all the above: _____

Special Diet Restrictions: _____

In the Event of Injury or Illness, Please Contact:

Primary Emergency Contact Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____ Cell phone: _____

Secondary Emergency Contact Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____ Cell phone: _____