



WILDWOOD CITY FIRE DEPARTMENT

CADET FIREFIGHTER SUMMER PROGRAM

Health History Form
Cadet Firefighter Program
Ages : 10 to 17

Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.

Name: _____

Home Address: _____

Gender: Male Female DOB _____ Age at program: _____

Custodial parent/Guardian _____ Phone: _____

Home address (if different from above): _____

Home phone () _____ Work phone () _____ Other () _____

Email: _____

Second parent or guardian or emergency contact:

Address: _____ Phone: _____

If not available in an emergency, notify: Name _____

Relationship _____ Phone: () _____

Address: _____

Email: _____

Insurance information: Is the participant covered by family medical/hospital insurance? Yes No

Policy #: _____ Group #: _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies

Food allergies

Other allergies _____
