



Germantown Park and Recreation Department
 N112 W17001 Mequon Road
 P.O. Box 337
 Germantown, Wisconsin 53022-0337

(262) 250-4710 Fax (262) 255-2920
 Information Line (262) 250-4711

ALLERGY – MEDICATION – SPECIAL NEEDS – INFORMATION UPDATE FORM

The Germantown Recreation Department is in the process of updating our allergy, medical and special needs records. We are switching to a new tracking system that will allow us to better serve and care for our program participants. We ask that you fill out this form, and return it to your program site or directly to the Recreation Department Office located on Mequon Rd. We also ask that you fill out one form for each program participant. Additional copies can be obtained at your program site or on our website at www.village.germantown.wi.us Thank you for your timely response.

NAME: _____ GRADE: _____ BIRTHDAY: _____ PROGRAM SITE: _____

ALLERGY	REACTION	TREATMENT
<input type="checkbox"/> Bee Sting		
<input type="checkbox"/> Eggs		
<input type="checkbox"/> Hay Fever		
<input type="checkbox"/> Ibuprofen / Tylenol		
<input type="checkbox"/> Nuts & Peanuts		
<input type="checkbox"/> Other: _____ _____		
<input type="checkbox"/> Penicillin / Amoxicillin		
<input type="checkbox"/> Sulphur & Sulfa		

(OVER)

MEDICAL (Asthma, ADHD, Epilepsy, etc.)	SYMPTOMS	TREATMENT

SPECIAL NEEDS	EXPLANATION

PLEASE UPDATE THE RECREATION DEPARTMENT OFFICE AT 250-4710 AS THIS INFORMATION CHANGES OR BECOMES OBSOLETE.

Parent / Guardian Name: _____ Daytime Phone: _____

Signature: _____ Date: _____