



MANSFIELD PARKS & RECREATION
BASF Health Form 2025-2026 School Year

**Please write
legibly!**

Child Name _____ Date of Birth _____ Current Grade ____
Parent/Guardian _____ Address _____
Emergency Contact _____ Telephone _____

Does the child have allergies or take any medication? NO YES Explain: _____
Is the child on a special diet? NO YES Explain: _____

Describe any current health conditions requiring medications, treatment, or special restrictions or considerations while at camp. _____

Authorized BASF staff may administer limited medication (epiPens, asthma inhalers, or approved extraordinary situations) during the program hours in accordance with town policy. Program participants are not allowed to carry their own medications. Self-administration of epiPens and asthma inhalers require a self-administration of medication form to be completed by a parent/guardian **and a medical provider**. Forms available upon request.

Does the child need special assistance or have any physical, sensorial, or developmental limitation?
NO YES

If yes, a completed "Special Assistance" form must be returned 15 BUSINESS DAYS BEFORE attending the program. Please request the special assistance form at the Community Center.

Comments: _____

Parent/Guardian Signature

Date Form Signed