



CITY OF
TALLAHASSEE
POLICE DEPARTMENT

radKIDS Wellness Information Form

Child's Full Name _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Height: _____ Weight: _____

Gender: _____ Age: _____ Date of Birth: _____

In case of emergency please contact:

Name: _____

Phone: _____

Relationship: _____

Confidential Medical History

1. Date of child's most recent medical exam _____

2. Does the child feel fine, without restriction? Yes _____ No _____

If no, please describe:

3. Has the child ever been hospitalized or treated for an injury? Yes _____ No _____

If yes, please describe:

4. Has the child ever been injured and not received medical attention? Yes _____ No _____

If yes, please describe:

5. Does the child have any current medical conditions, which are currently being treated?

Yes _____ No _____ If yes, please describe _____

6. Is the child currently using any prescriptions drugs? Yes _____ No _____

If yes, please describe: _____

7. Does the child have: Any known allergies Yes _____ No _____
Difficulty breathing Yes _____ No _____
High blood pressure Yes _____ No _____
Diabetes Yes _____ No _____

If yes, please describe:

8. How frequently does the child exercise? _____
What type of exercise?

9. Has the child ever been involved in self-defense or Martial Arts Training? Yes _____ No _____
If yes, please describe:

10. Please described your perception of his/her current fitness level:

The above information is complete, true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

Instructor's check

TPD Verifications/Comments: _____

Instructor: _____ **Date:** _____

***Tallahassee Police Department
Community Relations Unit, 234 East 7th Avenue, Tallahassee, FL 32303
Email: tpdcp@talgov.com
(850) 891-4251***