



RUTHANNE FULLER  
MAYOR

# NEWTON PARKS AND RECREATION DEPARTMENT

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NICOLE BANKS  
COMMISSIONER

## Health History Form

If you are under 18 a parent or guardian must sign this form

I \_\_\_\_\_ as Parent/Guardian/Self of \_\_\_\_\_

Verify to the City of Newton that I/my child have/has had NO SERIOUS Illness or Injury in the last 12 months and/or since my/his/her last health physical.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

