



STUDENT HEALTH HISTORY FORM

**Your child will not be admitted to camp without this completed form.
Your child will also be required to pass a COVID health screening each day.**

REGISTRATION INFORMATION

Child's Name	M F	Grade	Address
Guardian's Name	Home Phone		Cell Phone (please include a 2 nd number)
Email Address	How did you hear about this program?		

Please indicate which programs you plan to attend (check all dates that apply)

<input type="checkbox"/> September 8-11	<input type="checkbox"/> September 21-25
<input type="checkbox"/> September 14-18	<input type="checkbox"/> September 28- October 2
<input type="checkbox"/>	<input type="checkbox"/> October 5-9
<input type="checkbox"/>	<input type="checkbox"/> October 12-16

MEDICAL INFORMATION

Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. *Please note that 21 Century Parks, Inc. staff & volunteers are unable to administer medication to any child and one-on-one care cannot be provided. Emergency medications require a completed Emergency Action Form signed by the camper's guardian.*

Emergency Contact (Other than Guardian):

Relationship to Student: _____ Daytime Phone: _____

STUDENT PICK UP INFORMATION

Please provide contact information for any additional people who are authorized to pick up your child
Note: Any persons not listed will be unable to pick up your child without prior approval.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

PHOTO RELEASE

I authorize 21 Century Parks, Inc. to use my child's photograph for education, advertising and public relations purposes. Yes NO

Parent/Guardian document; child will not be admitted to program without this completed form*This is a required
Signature _____ Date _____