



CAMPER 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 camps you plan to attend (check all dates that apply)

<input type="checkbox"/> June 7-11	Spring Break	<input type="checkbox"/> July 12-16	
<input type="checkbox"/> June 14-18		<input type="checkbox"/> July 19-23	
<input type="checkbox"/> June 21-25		<input type="checkbox"/> July 26-30	
<input type="checkbox"/> June 28-July 2		<input type="checkbox"/> August 2-6	Winter Break

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 Camper: _____ Daytime Phone: _____

CAMPER 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

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 camp without this completed form*This is a required
Signature _____ Date _____