



## 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	Grade	Address
Guardian's Name	Home Phone	Cell Phone (please include a 2 <sup>nd</sup> number)
Email Address	How did you hear about this program?	
Please indicate which programs you plan to attend (write each week/day your child will attend)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
MEDICAL INFORMATION		
<p>Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. <i>Please note that 21 Century Parks, Inc. staff &amp; 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.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Emergency Contact (Other than Guardian): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Relationship to Student: _____ Daytime Phone: _____</p>		
STUDENT PICK UP INFORMATION		
<p><b>Please provide contact information for any additional people who are authorized to pick up your child</b>  <b>Note: Any persons not listed will be unable to pick up your child without prior approval.</b></p>		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
PHOTO RELEASE		
<p>I authorize 21 Century Parks, Inc. to use my child's photograph for education, advertising and public relations purposes. <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>		
<p>Parent/Guardian document; child will not be admitted to program without this completed form*This is a required            Signature _____ Date _____</p>		