



## 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	Grade	Address
Guardian's Name	Phone	Cell Phone (please include a 2 <sup>nd</sup> 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 6-10	Spring Break	<input type="checkbox"/> July 11-15	
<input type="checkbox"/> June 13-17		<input type="checkbox"/> July 18-22	
<input type="checkbox"/> June 20-24		<input type="checkbox"/> July 25-29	
<input type="checkbox"/> June 27-July 1		<input type="checkbox"/> August 1-5	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 unless specified on the Emergency Action Form.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_