THE PARKLANDS of Floyds Fork

CAMPER HEALTH HISTORY FORM

Your child will not be admitted to camp without this completed form.

REGISTRATION INFORMATION

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

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

- ☐ June 5-9 Spring Break
- ☐ June 12-16
- ☐ June 19-23
- ☐ June 26-30
- ☐ July 10-14
- ☐ July 17-21
- ☐ July 24-28
- ☐ July 31-August 4 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.*

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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*
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 camp without this completed form*This is a required

Signature_____ Date_____