



## 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)

<input type="checkbox"/> June 2-6	<input type="checkbox"/> July 7-11	
<input type="checkbox"/> June 9-13	<input type="checkbox"/> July 14-18	Spring Break
<input type="checkbox"/> June 16-20	<input type="checkbox"/> July 21-25	Fall Break
<input type="checkbox"/> June 23-27	<input type="checkbox"/> July 28-August 1	Winter Break

### MEDICAL INFORMATION-

Please list any medical or behavioral considerations that we should be aware of, including but not limited to Allergies that require medicine or emergency preparedness, 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 \_\_\_\_\_