



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)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> June 1-5 <input type="checkbox"/> June 8-12 <input type="checkbox"/> June 15-19 <input type="checkbox"/> June 22-26 </div> <div style="width: 45%;"> <input type="checkbox"/> July 6-10 <input type="checkbox"/> July 13-17 Spring Break <input type="checkbox"/> July 20-24 Fall Break <input type="checkbox"/> July 27- July 31 Winter Break </div> </div>			
MEDICAL INFORMATION-			
<p>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. <i>Please note that 21 Century Parks, Inc. staff & volunteers are unable to administer medication to any child unless specified on the Emergency Action Form.</i></p> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <p>Emergency Contact (Other than Guardian): _____ Relationship to Camper: _____ Daytime Phone: _____</p>			
CAMPER PICK UP INFORMATION			
<p>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.</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 camp without this completed form*This is a required Signature _____ Date _____</p>			