HEALTH HISTORY

Please use a separate form for each child. Registration is on a first come first serve basis. Return completed forms to the front desk with payment to reserve spot.
All registration forms must be complete to ensure a spot.

This health form is kept confidential and will only be used by Mountain Park HOA staff or emergency personnel. Every participant needs a completed health form to participate in any KidZone programs. Please fill out this form as completely as possible.

Participant Name: _____ □ Female □ Male □ Other
Last First Middle

Birth Date: _____ Age: _____ Grade: _____
Month/Day/Year

Participant home address: _____
Street Address City State Zip Code

SECTION I – EMERGENCY CONTACT INFORMATION

Custodial Parent/Guardian

Name: _____
Last First Middle

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____

Second Parent/Guardian

Name: _____
Last First Middle

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____

Additional Emergency Guardian (Required)

Name: _____
Last First Middle

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____

SECTION II – INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If yes, indicate Insurance Provider _____

Group #_____ Policy #_____

Policy Holder's Name_____ Relationship to Participant_____

Family Physician
Name: _____

Phone: _____

Office Address: _____

Dentist/Orthodontist
Name: _____

Phone: _____

Office Address: _____

SECTION III – HEALTH HISTORY

Has the participant had a history of or is prone to any of the following (Please check all that apply):

☐ Allergies	☐ Hepatitis A/B	☐ Heart Problems/Murmur
☐ ADD/ADHD	☐ Diabetes	☐ Autism/Aspergers
☐ Seizures	☐ Asthma/Bronchitis	☐ Hernia
☐ Concussion	☐ Hypoglycemia	☐ Wears Glasses/Contact Lenses

Please provide explanation for any checked items:

_____

_____

_____

Date of last physical exam (Recommended within 24 months of camp): _____

Please list any medical history or physical restrictions that could impact participation in program activities. List any medical conditions that may require special attention:

_____

_____

_____

Does participant take medicines at home? ☐ Yes ☐ No

Will participant need medicine administered by Mt. Park HOA staff? ☐ Yes ☐ No

(If Yes, please submit Medical Authorization Form)

SECTION IV - ALLERGIES

Please check all that apply to the participant:

☐ This participant has no known allergies.

☐ Food Allergies: Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

_____

_____

☐ Medication Allergies: Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

_____

_____

☐ Substance Allergies: Causes anaphylaxis? Yes No

Describe the reaction and what is done to manage it: _____

_____

_____

My child has permission to consume food items distributed by camp staff as a part of camp activities unless they have a related food allergy to the product(s): ☐ Yes ☐ No

SECTION V - IMMUNIZATIONS

Child is current on all school-required immunizations: ☐ Yes ☐ No

Date of last tetanus inoculation: _____

SECTION VI - AUTHORIZATION

My child has permission to engage in all prescribed program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the Mountain Park Home Owners Association Staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give permission to Mountain Park Home Owners Association Staff to order X-rays, routine tests, treatment, and hospitalization; to release any records necessary for insurance purposes and to health care providers; and provide or arrange necessary related transportation for the participant if I cannot be reached. This completed form may be photocopied.

I have read the above statements and understand the contents

Parent/Guardian Signature: _____ Date_____