

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: _____
LAST FIRST

Age: _____ Current Grade: _____ Female Male Other

SECTION I – Emergency Contact Information

Custodial Parent/Guardian

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP CODE

E-Mail: _____

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

Second Parent/Guardian

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP CODE

E-Mail: _____

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

Additional Emergency Guardian (Required)

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP CODE

E-Mail: _____

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

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: _____

Physician's Name: _____
LAST FIRST

Phone: _____

Office Address: _____
STREET CITY STATE ZIP CODE

Dentist's Name: _____
LAST FIRST

Phone: _____

Office Address: _____
STREET CITY STATE ZIP CODE

SECTION III – Health History

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

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hepatitis A/B | <input type="checkbox"/> Heart Problems/Murmur | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma/Bronchitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Wears Glasses/Contacts |

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

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 known 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: ____/____/____

By typing my name, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.