

Camp Health History Form**National Trail Parks & Recreation District/ Clark County Park District**

1301 Mitchell Blvd - Springfield OH 45503

Phone: 937-328-7275 Fax: 937-328-3966



This form must be completed and submitted prior to the program date. It may also be submitted with the Registration Form. The form may be mailed or dropped off in person to the address above. If information changes, it is your responsibility to submit an updated form.

Child's Name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Phone: _____ ☐ Home ☐ Cell ☐ WorkEmail: _____ Phone: _____ ☐ Home ☐ Cell ☐ WorkEmergency Contact: _____ Phone: _____ ☐ Home ☐ Cell ☐ Work*(other than above)***Health History Record**

Please provide information in relation to any health conditions, behavioral concerns, dietary needs, medication or special needs. All information will remain confidential. Note: NTPRD/CCPD staff is not authorized to dispense any medication.

Is your child on medication? ☐ No ☐ Yes If yes, what? _____**Health Concerns (Check all that apply)**☐ Asthma ☐ Inhaler? ☐ Diabetes ☐ Fainting ☐ Seizures

Other: _____

Allergies (Check all that apply; specify allergen and the nature of reaction)☐ Animals/Insects _____ ☐ Medicine _____☐ Food _____ ☐ Other _____☐ Plants _____ Epi-pen? ☐ Yes ☐ No**Other Concerns (Check all that apply)**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Communication Impairment	<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Special Diet
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Speech Impairment	

Please provide any additional information to assist us in meeting the needs of your child including any special accommodations:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Release Agreement

I, the undersigned, hereby assume all risks and hazards incidental to the conduct of activities and transportation to and from the National Trail Parks and Recreation District (NTPRD)/Clark County Park District (CCPD) while participating in registered programs. I do further hereby resolve, absolve, indemnify and hold harmless the NTPRD/CCPD, its Board, organizers, sponsors and instructors appointed by them.

I also grant the NTPRD/CCPD and the City of Springfield permission to publish in print, electronic or video format the likeness or image of myself or child. I release all claims against the NTPRD/CCPD and the City of Springfield with the respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

Signature of Parent or Guardian: _____ Date: _____

Check All Camps Registered for Child

<input type="checkbox"/> Trail Tots Week 1	<input type="checkbox"/> Time Travel Camp	<input type="checkbox"/> Nature Camp	<input type="checkbox"/> Trail Tots Week 2	<input type="checkbox"/> Soccer Camp
<input type="checkbox"/> Camp Get Up & Go	<input type="checkbox"/> Lego Camp	<input type="checkbox"/> Mad Science Camp	<input type="checkbox"/> Sports Sampler	<input type="checkbox"/> Baseball Clinic
<input type="checkbox"/> Camp Kidstuff 1	<input type="checkbox"/> Archeology Camp	<input type="checkbox"/> Camp Kidstuff 2	<input type="checkbox"/> Rising Stars Theater Camp	

National Trail Parks and Recreation District
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Springfield, Ohio 45503
937-328-7275

PICK-UP AND SIGN-OUT AUTHORIZATION FORM

Please list the people you authorize to pick-up and sign-out your child from National Trail Parks and Recreation District and Clark County Park District programs. Please inform these individuals that they will be required to present a photo ID when picking up the child. The individuals listed will also be contacted in the case of an emergency if the parent/guardian cannot be reached. This form will be kept on file for one year. Parents/Guardians are responsible for informing staff of any information changes or updates.

Child's Name _____

Child's Name _____

Child's Name _____

1. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

2. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

3. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

Is there anyone who may NOT pick-up your child? _____

Are there any special custody or visitation arrangements which we should be aware of? Please attach a copy of legal documentation if necessary.

I understand that the NTPRD/CCPD Staff will not release my child to anyone who is not listed above. I also realize that the people on this list may be asked to produce photo identification upon signing out my child. In the event that any of this information changes, I will notify the NTPRD/CCPD staff in writing. Repeated abuse of late pick-ups may result in late fees or loss of privileges.

Parent/Guardian Signature

Date