



## Participant Information and Health History Form

**Instructions:** Please complete this form **before participant arrives at our program and bring it with you on your child's first day.** The personal information collected on this form is collected under the authority of the Texas Department of State Health Services and will be used to administer the Splash Camp program that your child is enrolled in. Questions about this collection should be addressed to the Camp Director.

### Participant Information

Please Print When Completing This Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Address

Apt #: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Emergency Contacts:** These will be the only people who are allowed to pick up your child or who will be called if a parent/guardian cannot be reached in an emergency. **These MUST be different contacts than Parent/Guardians.** If anyone else other than those listed on this form will be picking up your child, please send a written note and hand it directly to staff.

Contact #1 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact #1 Signature: \_\_\_\_\_

Contact #2 Signature: \_\_\_\_\_

**Please Note:** If staff do not recognize the people picking up your child, they will ask to see **photo identification.** Please ensure that all people picking up your child are aware of this.

I give permission for my child to be photographed for promotional purposes.  Yes  No

Swimming Ability:  Beginner  Intermediate  Advanced

Are there any current issues which involve your child in terms of Court Orders, Custody Issues, and/or Restraining Orders?  Yes  No \*If yes, please speak with our program staff.



**Medications Being Sent & To Be Taken by the Child: (If you need more space, please write on back of this page)**

<b>Medication Name</b>	<b>Dosage</b>	<b>Administration Times</b>	<b>Reason for Taking</b>
1.			
2.			
3.			
4.			
5.			
6.			

**Authorization**

To the best of my knowledge, this participant does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate staff and outside medical personnel as necessary. If the parent/guardian cannot be reached, permission is, hereby, given to the staff to take whatever steps deemed necessary to ensure the safety and health of the participant.

I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree to not hold Harvest Family Entertainment, LLC d/b/a Hawaiian Falls or any of its employees responsible in the event of an injury to my child.

I understand that Hawaiian Falls Waterparks staff may have to assist participants with the application of sun screen. I understand that adequate sunscreen coverage will be my full responsibility, and not of the staff. I also understand that I must provide a clearly labeled bottle of approved sunscreen. We recommend that sunscreen be waterproof, provide UVA/UVB protection, have an SPF of at least 30, and that it contain no peanut products.

I, hereby, certify that all information completed in this form is accurate and up to date. I will contact the staff promptly, in writing, if any changes occur in the participant's health status between now and arrival at the program, as well as during the program.

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**