



# PARK CITY

## Park City Kids Camp

### CHILD HEALTH ASSESSMENT & LIABILITY FORM

Today's Date: \_\_\_\_\_ Date Child is in our Care: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

How can you be reached while your child is in our care? \_\_\_\_\_

Are there any special things your child likes to have when going to sleep? \_\_\_\_\_  
\_\_\_\_\_

Any additional information that will assist our staff in relating to your child such as sibling, pets, favorite toys, songs:

\_\_\_\_\_  
\_\_\_\_\_

#### OUT OF AREA/STATE EMERGENCY CONTACT (other than parents):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

#### Emergency Contacts in and out of area (other than parents) and persons authorized to pick up the Child

Name	Address	Relationship to Child	Phone #

☐ Check if there are no emergency contacts available, other than parents.

☐ Check if there are not persons authorized to pick up the child, other than parents.

In case of emergency or serious illness, when parents can not be reached immediately, I hereby authorize the provider to obtain medical care and/or provide emergency medical transportation for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is your child up to date on his/her immunizations? [ ] No [ ] Yes

What is the name and phone number of your child's doctor?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any known allergies or sensitivities to:

	NO	YES	If yes, please list:
Medications			
Foods			
Other			

Does your Child have any of the following:

	NO	YES		NO	YES
Asthma			Visual Impairment		
Diabetes			Developmental Delays		
Seizures			Physical Impairment		
Heart Problems			Behavior/Emotional Problems		
Hearing Impairment			Other (explain below)		

Other Illnesses/Medical Conditions/Daily Health Care:

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List any regular medications your child takes: \_\_\_\_\_

**\*If your child becomes ill, you will be contacted to pick him/her up immediately \***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The health, safety and well being of your child are of utmost importance to us. We will take your children outside for supervised play when we determine, in our sole discretion, that the temperature and conditions are appropriate. We ask that you provide appropriate outdoor attire, including proper footwear, for the season and daily weather conditions in order for your child to participate in daily activities.



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FOR MORE INFORMATION CONTACT:

RESERVATIONS PHONE: (435) 615-8036  
VVAZQUEZ@VAILRESORTS.COM OR AREED1@VAILRESORTS.COM