



Health History Form 2025

The information provided will assist in the event of an accident or illness.
Full & accurate completion of all sections is very important.

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____ Date of Birth: _____ School Attending: _____ Grade (as-of August): _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Main Contact's E-mail: _____

CAMP PARTICIPATION

Check all the camps or programs in which this child will participate.

Camp Roanoke (Any Program) -

Send form to mnwilliams@roanokecountyva.gov or call (540) 387-6114

Explore Park (Any Program) -

Send form to cbiesecker@roanokecountyva.gov or call (540) 387-6114

After School for Kids Program -

Send form to kaspencer@roanokecountyva.gov or call (540) 777-6359

Athletics / Sports program -

Send form to acrawford@roanokecountyva.gov or call (540) 777-8282

Kids in Camp at GRRC & Cave Spring E.S.

Send form to ijquesenberry@roanokecountyva.gov or call (540) 777-2687

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1 Name: _____ Parent / Guardian 2 Name: _____
Parent / Guardian 1 Date of Birth: _____ Parent / Guardian 2 Date of Birth: _____
Parent / Guardian 1 Employer: _____ Parent / Guardian 2 Employer: _____
Parent / Guardian 1 Primary Phone: _____ Parent / Guardian 2 Primary Phone: _____
Parent / Guardian 1 Secondary Phone: _____ Parent / Guardian 2 Secondary Phone: _____

List any person who is NOT allowed to pick up child (non-custodial parent(s), etc.) _____

* Attach all appropriate legal documentation to support this*

HEALTH / MEDICAL HISTORY

Does the participant have an illness, condition or disability?

Yes No

Participants with disabilities are welcome to attend Roanoke County programs. You will be contacted by a staff member to talk about reasonable accommodations or support the participant may need to be successful in the program. This must happen two weeks before the program starts.

If YES, please explain: _____

Is the participant currently taking any medication?

Yes No

If YES, please explain and list medications: _____

Does the participant have any food allergies?

Yes No

If YES, please explain: _____

Does the participant use an Epi Pen? Yes No

Does the participant have Diabetes or a related disease? Yes No

Does the participant use an inhaler? Yes No

Does the participant use Insulin? Yes No

Does the participant have a history of heart related problems or other serious condition? Yes No

If YES, please explain: _____

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HEALTH / MEDICAL HISTORY - CONTINUED

Has the participant had a tetanus shot within the last five years? Yes No

Are all other vaccinations current? Yes No
(If no, please provide written documentation of reason)

Swimming Ability: Non-Swimmer Beginner Intermediate Advanced

Is English the participant's primary language? Yes No

Primary Doctor or Practice: _____ Doctor's Phone: _____

Has participant been screened for lice and free from infestation? Yes No
(PLEASE NOTE: Lice will exclude participant upon detection, and refunds will not be issued.)

I, the undersigned, do hereby agree to participate in or allow myself and the individuals in my family to participate in activities offered by Roanoke County Parks, Recreation & Tourism. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this activity carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. Nothing contained herein shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents and volunteers are not liable for any injury that may result from the negligence of persons operating this facility.

In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission to be photographed and give the department permission to use or distribute such photographs and identification. Yes No

I hereby give permission for Roanoke County staff to provide basic First Aid and seek emergency medical treatment including the ordering of x-rays and routine tests. I give permission for staff to arrange the necessary medical transportation needed. I authorize emergency personnel to treat me or my child in the case of an emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACTS and AUTHORIZED PICK UPS

Must list at least TWO persons OTHER THAN PARENTS approved for pick up; Must be at least 16 years old and live within 30 minutes of Roanoke

1) Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Primary Phone: _____

2) Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Primary Phone: _____

PLEASE NOTE: Any persons arriving to pick up your child who is NOT on the Pick Up list will be denied pick up until parents are notified and permission is granted.

SICKNESS: A child will NOT be allowed to participate in the program with any of the following symptoms: 100 degree fever or higher, sore throat, vomiting, undiagnosed rash, diarrhea or lice. When a child is not feeling well, the parent/guardian or the emergency contact will be notified to pick up your children.



Roanoke County Parks, Recreation and Tourism

Health Form - CAMP ROANOKE ADD-ON

Please complete this page ONLY if your child will be attending Camp Roanoke.

Has your camper had any previous camp experience?

Yes No

If YES, please explain: _____

What are your camper's talents / hobbies : _____

List adjectives that describe your camper: _____

Check all characteristics that apply:

<input type="checkbox"/> Active	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Athletic	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Dependable		
<input type="checkbox"/> Self Conscious	<input type="checkbox"/> Self Reliant	<input type="checkbox"/> Selfish	<input type="checkbox"/> Shy	<input type="checkbox"/> Show-off	<input type="checkbox"/> Teasing	<input type="checkbox"/> Timid

Does your camper make friends easily? Yes No

Your camper's attitude in regard to cooperation is: Above Average Below Average Average

Your camper's appreciation of the outdoors and nature is: Above Average Below Average Average

How does your camper deal with peer relationship, group living, etc? Above Average Below Average Average

What is the date of camper's last tetanus shot? _____

Does your camper want to come to camp? Yes No

Why or why not? _____

What is your camper looking forward to the most? _____

What would you like us to help your camper accomplish during their experience at Camp Roanoke? _____

Please provide any special information you feel would help us understand your camper better (physical, emotional, medical or educational): _____

Please list the course number for Camp Roanoke you plan to enroll in: _____

CAMP ROANOKE POLICIES

Payment: A 50% deposit is due at time of registration. The remainder of the balance is due on or before the first day of camp. Payments are accepted by MasterCard, Visa, Discover, Check, Money Order and Cash.

Required Forms: Your registration is not complete until we receive the Roanoke County Parks, Recreation and Tourism Health Form, including Camp Roanoke Additional Questions. This form must be received no later than one week before your camper's week of enrollment. In case of emergency, you MUST PROVIDE A COPY OF YOUR CAMPER'S INSURANCE CARD when you arrive at camp.

Waiting Lists: In the event that the camp session you wish to attend is full, you have the option of putting your name on the waiting list. People on the waiting list will be notified in the order information is received, as space becomes available. Once contacted, you have until the close of business the following day (5 PM) to respond. If we do not hear from you, the next person on the list will be contacted. If you are contacted and plan to attend, all payment deadlines that are applicable will apply. If you are contacted after the payment deadline, full payment for the camp session will be expected at that time.

Transfers/Cancellations: If a session of camp is canceled by Camp Roanoke, you will be given the option of transferring into another camp session. If transferring is not possible you will receive a full refund. Cancellations made by Camp Roanoke will be made at least two weeks in advance of the camp session. If you need to cancel out of a session for any reason, please call Camp Roanoke at (540) 387-6114 first and then follow up your request in writing. See the refund section below for more details. If you need to transfer to another session, we will be glad to accommodate you if space is available. Deposits and all other payments are non-transferable to another camper.

Refund: The deposit, less a \$50 cancellation fee, and all payments are refundable through the second week of June in each camp year, the full deposit is non-refundable. Camper tuition is not discounted when campers arrive late or leave early since expenses are contracted for the week and enrollment is limited. There will be no refund for campers leaving during a camp session without written doctor's orders verifying injury or illness.

Camper Dismissal: Campers possessing weapons, alcoholic beverages, fire building materials or illegal drugs will be expelled from camp immediately without a refund. In addition, pets and other animals are not permitted at camp. Please leave personal sports equipment at home, as we cannot guarantee its safety. Campers who arrive with contagious ailments or conditions will be sent home without refund. Campers who are exceedingly disruptive, destructive or a danger to themselves or others will be expelled without a refund. Campers participating in transportation are expected to exhibit good behavior while riding. Low voices, arms inside the windows, remaining seated and avoiding horseplay is expected. Campers are to remain seated until the bus has stopped and are given permission to exit by the bus driver. Camp Roanoke staff will then verify guardians who are picking up campers for release.

Parent's and Camper's Agreement

Safety is paramount at Camp Roanoke. All reasonable precautions and safety procedures will be undertaken. Participants must be aware that there are inherent risks, beyond human control, associated with the types of activities offered. I understand that each individual's behavior and attitude is critical to the success of the camp. Therefore, if in the judgment of the staff, my behavior or attitude endangers the welfare of the group or myself, I will be sent home without refund. I will arrive at Camp Roanoke prepared, both mentally and physically, to display a positive and respectful attitude to my fellow group members, to participate fully in all aspects of the program, and to adhere to Camp Roanoke's rules and policies.

Please verify by your signature that you have read and understand Camp Roanoke's policies. Please also note that your registration is not considered FINALIZED until your initial deposit is made.

Parent or Guardian Signature: _____ Date: _____