

CODE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Summer Nature Camp MEDICAL HISTORY & RELEASE FORM

Camper's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade entering \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_

### Medical History

Has your child been under medical care within the past year? Yes \_\_\_ No \_\_\_  
Reasons: \_\_\_\_\_  
Is the child on any medication now? Yes \_\_\_ No \_\_\_  
If yes, please list medications: \_\_\_\_\_

\*Health staff cannot administer medication. Child must be capable of administering it themselves under the supervision of the Health Director, including epi-pens.

Is your child allergic to Penicillin, or any other drug? Yes \_\_\_ No \_\_\_  
Please list other drug allergens: \_\_\_\_\_  
Does your child have other allergies? (such as bee stings, foods) Yes \_\_\_ No \_\_\_  
If yes, please list allergies and reactions: \_\_\_\_\_

(Over Please!)

Is your child subject to:

Fainting  Serious Ivy, Oak or Sumac Poisoning  
 Headaches  Hay Fever  
 Stomach Upsets  Asthma  
 Constipation  Convulsions  
 Other: \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have:

Lung Problems  Kidney Problems  
 Heart Problems  Hernia  
 Epilepsy  Diabetes  
 Other : \_\_\_\_\_

Does your child have emotional, physical or mental limitations? Yes \_\_\_ No \_\_\_

If yes, please explain so that we may better serve your child: \_\_\_\_\_  
\_\_\_\_\_

Has your child been exposed to any contagious disease in the past 3 weeks?

Yes \_\_\_ No \_\_\_

If yes, what and when? \_\_\_\_\_

### **Immunization Record**

Please indicate dates and have your doctor sign this form OR attach a signed copy of your child's immunization record.

DTP or DTaP \_\_\_\_\_ Polio \_\_\_\_\_  
MMR \_\_\_\_\_ HIB \_\_\_\_\_  
Hepatitis B \_\_\_\_\_ Varicella \_\_\_\_\_  
Pneumonia \_\_\_\_\_

Doctor's Name \_\_\_\_\_ phone \_\_\_\_\_

Office Location \_\_\_\_\_

Doctor's signature \_\_\_\_\_

### **Participation/Permission Slip & Release**

I hereby authorize my child, whose name appears above, to participate in the Hudson Highland Nature Museum's Nature Explorer Program; to travel on the property, at hiking locations and to field trip sites. My child is physically able to participate in strenuous outdoor activities such as hiking and running. I hereby release the Hudson Highlands Nature Museum and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment, including evaluation for injuries, x-ray, and any needed care. I understand the staff will make every effort to contact me in case injury occurs.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)