

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)