

# 2017 KidSummer MEDICAL FORM

# Form #2

**NOTICE:** All forms (health/immunization record and emergency contacts/release wavers) **must be received before your child can attend KidSummer.** No child will be allowed to attend until all paperwork is complete. No Exceptions!!

This form is to be filled out by parent and checked with physician at time of examination.

**Child's Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_

Health history (check where applicable and give approximate date):

Frequent ear infections	_____	Insect stings	_____
Heart disease/defect	_____	Penicillin allergy	_____
Seizures	_____	Other drug allergies	_____
Diabetes	_____	Chicken pox	_____
Asthma	_____	Measles	_____
Hay fever	_____	German measles	_____
Ivy poisonings	_____	Mumps	_____

Behavior concerns/medications: \_\_\_\_\_

\_\_\_\_\_

Operations or serious injuries (nature/date):

\_\_\_\_\_

Chronic or recurring illness:

\_\_\_\_\_

Any restrictions to strenuous outdoor activity:

\_\_\_\_\_

Other pertinent information teachers should be aware of (include food allergies and dietary restrictions): \_\_\_\_\_

\_\_\_\_\_

**Important:** Please notify the Museum if this child is exposed to any communicable diseases during the three weeks prior to KidSummer attendance.

**Parent's Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed KidSummer activities except as noted by me and the examining physician.

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

