

2018 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: _____