



# Adventures in History

## ATWOOD MUSEUM SUMMER KIDS PROGRAM

Form #2

### Medical Form

**NOTICE:** All forms (health/immunization record and emergency contacts/release wavers) **must be received before your child can attend Adventures in History Camp.** 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 \_\_\_\_\_ Ivy poisonings \_\_\_\_\_

Seizures \_\_\_\_\_ Penicillin allergy \_\_\_\_\_

Diabetes \_\_\_\_\_ Other drug allergies \_\_\_\_\_

Asthma \_\_\_\_\_ Chicken pox \_\_\_\_\_

Hay fever \_\_\_\_\_ Measles \_\_\_\_\_

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 camp 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 camp activities except as noted by me and the examining physician.

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