



Medical Record Form and Liability Release

Please use one form per participant. Must be updated annually.

CHILD'S NAME	CHILD'S BIRTHDATE	AGE	MALE []	FEMALE []
PARENT/GUARDIAN'S NAME				
ADDRESS	CITY		STATE	ZIP
HOME PHONE	BUSINESS PHONE		CELL PHONE	
CHILD'S PHYSICIAN		PHYSICIAN'S PHONE		
INSURANCE COMPANY		INSURANCE POLICY NUMBER		

If parent/guardian named above is not available in the event of an emergency, notify:

EMERGENCY CONTACT #1	CONTACT NAME		RELATIONSHIP TO CHILD
	HOME PHONE	BUSINESS PHONE	CELL PHONE
EMERGENCY CONTACT #2	CONTACT NAME		RELATIONSHIP TO CHILD
	HOME PHONE	BUSINESS PHONE	CELL PHONE

Check all items that apply, past or present, to child's health history. Explain any "yes" answers.

ALLERGIES: Food, medicines, insects, plants	YES []	NO []	Explain:
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GENERAL INFORMATION:								
	Yes	No		Yes	No		Yes	No
ADHD	[]	[]	Convulsions/Seizures	[]	[]	Hemophilia	[]	[]
Asthma	[]	[]	Diabetes	[]	[]	High Blood Pressure	[]	[]
Cancer/Leukemia	[]	[]	Heart Trouble	[]	[]	Kidney Disease	[]	[]

Explain:

List any medications to be taken at camp:

List any physical or behavioral conditions that may affect or limit full participation in hiking or playing strenuous physical games:

IMMUNIZATION HISTORY: Your child's immunization history is required for admission into The Heard's Education Programs. Incomplete information will not be accepted.

IMMUNIZATION	DATE	DATE	DATE	DATE	DATE
DTap					
IPV/OPV					
MMR					
Hep B					
Varicella (Chicken Pox)					
Hib					

By my signature, I certify that the above information is true and correct to the best of my knowledge. The Heard Natural Science Museum & Wildlife Sanctuary has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident, or any emergency situation that may arise, and I am unable to be reached at the time of such emergency. I agree that in no event will The Heard Natural Science Museum & Wildlife Sanctuary be held liable for any injuries, accidents, or losses suffered by my child while participating in any supervised educational classes/programs and that The Heard is hereby released from liability.

PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE UPDATED