



# RBNC Summer Discover Days Medical Form

Please mail at least one week prior to class to:

**Roaring Brook Nature Center  
70 Gracey Road, Canton, CT 06019**

**PLEASE NOTE:** We will accept a medical form from your doctor that is current (within 36 months).  
**HOWEVER, WE ALSO NEED A COPY OF THE FORM BELOW SIGNED BY A PARENT!!**

\_\_\_\_\_ (child's name) has no physical or medical conditions that will limit full participation in summer program activities at Roaring Brook Nature Center.

Bee sting or other allergies? Yes No (circle)

If yes, please describe: \_\_\_\_\_

Is he/she taking any prescription medication? Yes No (circle)

If yes, please list: \_\_\_\_\_

**NOTE:** Epi-pens **MUST** come with authorization form from doctor - check with RBNC office)

Does your child have any special needs? \_\_\_\_\_

(Please use back of form if needed)

**If your child has any special needs we request that you discuss with staff prior to first day of class!**

Is he/she up-to-date on all the following routine childhood immunizations currently recommended (please check):

	Yes	No		Yes	No		Yes	No
Measels	_____	_____	Hepatitis B	_____	_____	Chickenpox	_____	_____
Mumps	_____	_____	Diphtheria	_____	_____	Polio	_____	_____
Rubella	_____	_____	Pertussis	_____	_____	Tetanus	_____	_____

Date of last exam: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (REQUIRED INFORMATION):

\_\_\_\_\_ PHONE #: \_\_\_\_\_

In case of a **serious** medical emergency, Roaring Brook Nature Center has my permission to obtain emergency services (911). Hospital preference: \_\_\_\_\_

Signature of Parent or Guardian

Date

Classes  
Attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_