



RBNC Summer Programs 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 and other medications that may need to be delivered during camp hours including inhalers **MUST** come with RBNC's authorization form filled out by doctor

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: _____

By signing below you state that all of the information above is accurate and inclusive:

Signature of Parent or Guardian Date

Classes
Attending: _____ Date: _____

