



## 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:**

<b>EMERGENCY CONTACT #1</b>	CONTACT NAME		RELATIONSHIP TO CHILD
	HOME PHONE	BUSINESS PHONE	CELL PHONE
<b>EMERGENCY CONTACT #2</b>	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.**

<b>ALLERGIES:</b> 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. Please attach a copy of your child's shot record to this form.

**RELEASE AUTHORIZATION:** I authorize the release of my child from educational classes/programs at The Heard Natural Science Museum & Wildlife Sanctuary to the following individuals. I understand that my child will NOT be released from class to any individual (other than a parent or guardian listed above) whose name does not appear on this list.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

*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