



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Height: Feet/Inches \_\_\_\_\_ Weight \_\_\_\_\_

Allergic Conditions: Hay Fever \_\_\_\_\_ Asthma \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Does the camper have any temporary or permanent physical, emotional or health problem about which the camp should be informed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the camper currently under any medical treatment? \_\_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the camper currently on medication? \_\_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Please list any other information you may have that may be of use to the camp:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_

M.D. Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_



### Permission for Emergency Medical Treatment

In case of an emergency, every effort will be made to reach a parent or guardian if a child becomes injured or seriously ill while under camp supervision.

This is to certify that I give permission for my child, \_\_\_\_\_  
to receive emergency medical treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Parent's Cell Phone Number: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_

No \_\_\_\_\_

Please Specify:  
\_\_\_\_\_



### Photo Release Form

This is to certify that I give my permission for the Children's Museum of the East End (CMEE) to use my child's portrait, likeness, artwork, or written work that he or she develops in connection with the Museum's classes or workshop. I understand these images may be used in publicity materials, both in print and online, as well as advertising for future children's programs for CMEE.

---

Child/Children's Name(s)

---

Signature of Parent or Guardian

---

Date