Baltimore Woods Nature Center

2017 PROGRAM MEDICAL FORM

This form is valid within the 2017 calendar year.

Name_____Date of Birth_____

Address_____City_____ State_____ Zip_____

Parent/Guardian Name_____ Phone (Daytime) _____ Home_____

OR

Parent Guardian Name_____ Phone (Daytime) _____ Home_____

If not available in an emergency, please notify:

Name/Relationship_____Emergency Telephone_____

IMPORTANT: Please notify the office at Baltimore Woods if your child is exposed to any communicable disease during the two weeks prior to program attendance.

PARENTS AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to engage in all activities at Baltimore Woods except those noted below.

In the event I cannot be reached in an emergency at the above numbers, I hereby give permission to the physician selected by the BW Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature_____ Date_____

NOTE: It is very important that the following information is ACCURATE and updated.

HEALTH HISTORY: (Check and/or give approximate dates)

Ear Infection	_____	ALLERGIES:		DISEASES:	
Rheumatic Fever	_____	Hay Fever	_____	Chicken Pox	_____
Convulsions	_____	Ivy Poisonings	_____	Measles	_____
Diabetes	_____	Bee Stings	_____	German Measles	_____
Behavior	_____	Penicillin	_____	Mumps	_____
		Other Drugs	_____	Asthma	_____

Operations or Serious Injuries (Dates)_____

Chronic or Recurring Illness _____

Other Diseases or Details of Above_____

Any Specific Activities to be Encouraged_____

Restricted_____

Physician's Name and Telephone Number_____

IMMUNIZATON HISTORY: Please give month and year when immunized or the disease was contracted. Parent or guardian must fill in the dates below, or attach immunization records to this form. Your doctor can fax records directly to BWNC at 673-3671. NYS Liability Coverage does not allow BWNC to contact the doctor directly for this information.

	1st	2nd	3rd	4th	5th
DTap					
dT/Tap					
OPV/IPV/eIP					
MMR					
Hepatitis B					
Varicella					
Hib					
Pneumococcal					
Other					

Note: This BWNC Summer Camp Program is licensed, as required by the NYS Dept. of Health. The program will be inspected twice this summer and inspection reports will be on file at :Onondaga County Health Dept. 421 Montgomery St, 12th FL, Syracuse, NY 13202