Roaring Brook Nature Center
Discover Days Medical Form

Please send with registration and payment 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? ______________________________________________
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):

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Measels</td>
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<tr>
<td>Mumps</td>
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<td>Rubella</td>
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<td>Hepatitis B</td>
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<td>Diphtheria</td>
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<td>Pertussis</td>
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<td>Chickenpox</td>
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<td>Polio</td>
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<tr>
<td>Tetanus</td>
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</tbody>
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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).

______________________________________________________________________________

Signature of Parent or Guardian  Date

Classes Attending: ____________________________ Date: ____________________________

______________________________________________________________________________

______________________________________________________________________________