



Where Learning & Fun Connect

# The Children's Museum Wildlife Sanctuary Medical Form

Please mail at least one week prior to class to:  
The Children's Museum, Attn: Wildlife Sanctuary  
950 Trout Brook Drive, West Hartford, CT 06119

**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 in the Wildlife Sanctuary at The Children's Museum.

Is he/she allergic to Bee stings or any 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 Wildlife Sanctuary 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):

	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, The Children's Museum has my permission to obtain emergency services (911).

Hospital preference: \_\_\_\_\_

\_\_\_\_\_

(Signature of Parent or Guardian)

(Date)

Program Attending: \_\_\_\_\_ Date: \_\_\_\_\_