

Briefly describe how any of the checked items (from the previous page) may affect your child's experience in the summer programs:

Parent Authorization Statement - SIGNATURE REQUIRED

“In the event that I am unable to be reached in an emergency, I hereby authorize the Beaver Brook Association staff and/or medical personnel selected by Beaver Brook Association to take emergency measures as needed. I understand this may include related transportation, x-rays, routine tests, treatment, and release of records necessary for insurance purposes. The selected physician has my permission to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips off the property.”

Signature of Parent or Guardian

Date

**Immunizations and Infectious Disease History
To Be Completed and signed by Physician within last 2 years**

Vaccine	Date of Basic Immunization	Year of Last Booster	Date of Illness
DPT (Diphtheria, Whooping Cough, Tetanus)			
Td (Tetanus, Diphtheria)			
Tetanus			
Polio (oral/Salk)			
Measles			
Mumps			
Rubella			
Hepatitis B (optional)			
Chicken Pox (optional)			
TB Mantoux Test Positive___ Negative___			

PHYSICIAN'S STATEMENT

“I have examined the above child within the two past years. In my opinion, the child's condition does not preclude his or her participation in an active camp program.”

Physician's Signature

Date of form completion

Date of child's last exam: _____