



**INSURANCE INFORMATION:**

Company: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_

Identification Number \_\_\_\_\_

**EXISTING MEDICAL CONDITIONS:**

**IMPORTANT:** Child has the following food allergies:

\_\_\_\_\_  
(examples: allergy to insect stings, diabetes, asthma, hayfever, etc.)

Treatment (if any): \_\_\_\_\_

Medications (if any): \_\_\_\_\_

Known allergies to medications (penicillin, etc.): \_\_\_\_\_

\_\_\_\_\_  
Special instructions for staff and chaperones: \_\_\_\_\_

\_\_\_\_\_  
1. I give the Haverhill Historical Society permission to photograph my child, and use the images for publicity purposes.

2. I give the Haverhill Historical Society permission to transport my child by bus or public transportation.

\_\_\_\_\_  
Parent's Signature (approving of the above)

\_\_\_\_\_  
Date

**MEDICAL FORMS**

Please submit a copy of your child's medical records including

- Immunization Record and
- Most Recent Physical Exam from your child's physician

You may use their forms or you may make a copy of the medical records on file at your child's school. Children cannot be admitted without the required medical forms.

Send all Medical Forms to:

Haverhill Historical Society  
240 Water Street  
Haverhill, MA 01830

**DROP OFF AND PICK UP POLICY**

When you arrive at the Haverhill Historical Society to drop off and pick up your child, you will need to come into the Museum lobby and sign your child in and out. If someone other than a parent is picking up a child, we will need a note in writing indicating who has been authorized to pick up your child. Your cooperation in this matter is appreciated.