

INSURANCE INFORMATION:

Company: _____ Name of Subscriber: _____

Identification Number _____

EXISTING MEDICAL CONDITIONS:

IMPORTANT: Camper 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 camp coordinator 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, car pool 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 to camp 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 very appreciated.