



MEDICAL FORM

For Children in Child Care, PreClubs Red, & PreClubs Blue ONLY

(Please duplicate this form as needed for additional children)

PART A. TO BE FILLED OUT BY THE PARENT

Name of Parent: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____ Email: _____

Child Name: _____ Birth Date: _____

Dates enrolled in the Clubs & Child Care program: _____

I authorize _____ to fill out information below and release to Montreat Conference Center.
(name of physician)

Parent Signature: _____ Date: _____

PART B. TO BE FILLED OUT BY THE HEALTH PROFESSIONAL

_____, whose date of birth is _____,
(name of child)

has been enrolled in the Montreat Conference Center's Clubs & Child Care program. Sessions run from 8:30 a.m. to 12 p.m. and 2:00 p.m. to 4:30 p.m., Monday through Friday. Groups range in size from 6 to 30 children *(depending on the age of the child)*, under the supervision of trained staff and counselors. The daily program involves rigorous and quiet, indoor and outdoor play, including the use of swings and climbing equipment. Daily snacks are served, usually goldfish, vanilla wafers, Cheese Nips, graham crackers, animal crackers, Ritz crackers, Icee pops, cheese, or fruit.

1.) Does this child have any *physical or behavioral* condition that we should be aware of?

2.) Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time in our program?

3.) In your opinion, is this child *physically and emotionally* able to participate in a program like the one described above?

4.) When was the child's most recent examination? _____

5.) Are the child's immunizations up to date? YES NO Please attach a copy of the **child's immunization record** and any explanation, if needed, concerning these immunizations.

Physician's Signature: _____

Date: _____