The Art Farm IN THE CITY

The Art Farm in The City
419 E. 91st Street, New York, NY 10128
(between York & 1st Ave.)
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Medical Form

Child

First Name (print) | Last Name (print)

Date of Birth (mm/dd/yyyy)

Gender
❑ Male ❑ Female

Parent/Guardian

First Name (print) | Last Name (print)

Health

Food Allergies | Drug Allergies

Immunization Dates (mm/dd/yyyy) | DPT

Sabin Polio | Measles | Mumps | Rubella

Hepatitis B | Varivax | MMR | HIB

Hayfever | Asthma | Tuberculin Test (within 12 months)

Is there any physical, emotional or health problem of which the camp should be informed?

Is the child currently under medical treatment? If yes, please specify.

Please give any information you may have that may be of use to the camp.

Physician

Signature (sign) | Date of Physical Examination (mm/dd/yyyy)

Address

City | State | Zip | Phone