

The Haddam Historical Society
“A Week in the Life of an Early American Child”
June 29 – July 2, 2009*

Student's name : _____

Circle one: Girl / Boy Date of Birth (m/d/y) _____

Parent/legal guardian name: _____

Student's address: _____

City, State, Zip Code: _____

Daytime phone of parent: _____ Cell phone _____

Emergency contact & phone: _____

Please list any allergies your child has (to foods, insect bites, medicines, etc.) _____

Indicate any medical conditions or medications your child may be taking (use additional sheet if necessary) _____

Note: Other than basic first aid, the staff of the Haddam Historical Society summer program cannot dispense medicine to your child. Any child who carries an inhaler needs written permission from her/his physician.

At the end of each session, children will be released only to parent/legal guardian or to persons (18 years of age or older) who are listed below. (Please print names clearly).

My child _____ (name) can also be released to the following persons with identification: _____

Signed: _____ (parent/guardian signature)

Please return this sheet along with your payment of \$130 and mail to:

The Haddam Historical Society, PO Box 97, Haddam, CT 06438.

Students ages 8-12 will be accepted on a first come, first served basis. Space is limited.

*Please note morning sessions only June 29, 30, and July 1. Full day session until 3pm on Thursday, July 2.