

Please Circle Sessions Attending: Horsemanship 1 2 3 4 5 OR Pony Pal 1 2 3 4 5 6 7 8 9

### CAMPER HEALTH FORM - 2018

**This form must be returned one week prior to the first day of camp of the session that your child is attending at Columbia Horse Center.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Is the student residing within the United States, US Territory, or the District of Columbia? YES NO

Is student currently enrolled in a Maryland school (public or private)? If YES, give name and address:

\_\_\_\_\_  
\_\_\_\_\_

If NO, attach copy of immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles) and mumps.

Is Camper exempt from immunization on medical or religious grounds? \_\_\_\_\_

If yes, you must provide a signed copy of MD Dept. of Health and Mental Hygiene Immunization Certificate.

Primary Provider of Medical Care

\_\_\_\_\_  
Name Telephone

Student is allergic to: \_\_\_\_\_

Student takes the following medication(s): \_\_\_\_\_

\*\*\*MANDATORY\*\*\* Date of last tetanus immunization: \_\_\_\_\_

Does the child have any physical health problems? \_\_\_\_\_

Does the child have any psychiatric problems? \_\_\_\_\_

Does the child have any behavioral problems? \_\_\_\_\_

Pertinent information on any significant medical problems: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name & Number: \_\_\_\_\_

Emergency Contact Name & Number (In addition to parents): \_\_\_\_\_  
\_\_\_\_\_

#### EMERGENCY MEDICAL RELEASE

NOTE: Completion of this portion is NOT Mandatory

Notice to Parents (Guardian): In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the camp, you should consider this form in connection with your child's registration. We will have this form available for delivery to medical personnel if required.

If emergency medical care is required for \_\_\_\_\_ in conjunction with the Columbia Summer Camp and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

As Parent/Guardian of the above named camper, I ask that every effort be made to contact me at the time of the accident or illness.

Medical Insurance Company \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

I have read this entire release and agree to it:

Signed: \_\_\_\_\_