

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

CAMP HEALTH HISTORY FOR CAMPER

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.

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

NO
 YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?

NO
 YES, Explain: _____

IMMUNIZATION INFORMATION

Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?

NO
 YES, List: _____

For campers who reside outside the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date