Health History Form for Orchard Hill Equestrian Center Summer Riding Program

Return Completed Form to

OHEC
224 Sawyer Hill Rd,
Berlin MA 01503

Due in Camp Office by
May 31, 2009

Questions?
Call **Cindy** at **(781) 915-7533**

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ ☐ Boy ☐ Girl
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____)_____

About health care for short-term camper stays:
• A staff member with First Aid and CPR training will be at camp when campers are present.
• Campers should arrive ready to participate in the program. Should your camper be unable to participate, please contact us to reschedule their camp week**.**
• Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is your child allergic to any food or medication? . . . . . ☐ Yes ☐ No

   If YES, name the item and indicate the reaction. _____ ☐ Intolerance ☐ Anaphylaxis

   _____ ☐ Intolerance ☐ Anaphylaxis

3. Does your child have asthma? . . . . . ☐ Yes ☐ No

   If YES, will your child carry a rescue inhaler during the camp session? . . . . . ☐ Yes ☐ No

   If YES, does your child need staff help to use that rescue inhaler? . . . . . ☐ Yes ☐ No

   If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

   Name of Parent: _____ Phone: (_____)_____

5. List the medications that your camper takes on a routine basis: ☐ This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

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6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

_____

_____

_____

Parent/Guardian Authorization
This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____