

Health History Form for Orchard Hill Equestrian Center Summer Riding Program

Return Completed Form to
Orchard Hill
224 Sawyer Hill Rd,
Berlin MA 01503

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: _____