

District (5) 4-H Horse Camp Health Form

This form must be completed and returned with camper registration form.

CAMPER'S NAME _____
STREET ADDRESS _____
CITY _____ COUNTY _____
ZIPCODE _____ DATE OF BIRTH _____

Physical Conditions

Does camper have any allergies? YES NO
If yes, please explain: _____

Is camper allergic to bee stings?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is camper allergic to any medication?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the camper have any food allergies?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the camper diabetic?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the camper have convulsions?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the camper have a heart condition?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Does the camper have any medical conditons that we should be aware of? _____

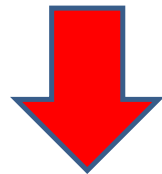
If you answered YES to any of the above quesitons, please explain. _____

If needed, camper has permission to take: Aspirin Tylenol Other: _____

Medical Statement: It is necessary for 4-Hers to have their parents read, fill in, and sign the following statement.

Must have signature

I understand that basic first aid will be available at the camp, that the campers will be closely supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the camp staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness, I will be notified; but, if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by attending physician. No pre-existing conditions are covered by Health and Accident Insurance.



PARENT OR GUARDIAN'S SIGNATURE: _____

HOME PHONE # _____ CELL PHONE # _____ WORK # _____

Who should we call if you cannot be reached at the above phone numbers?
NAME/RELATIONSHIP _____ PHONE# _____

Responsibility

The camp, sponsors, and camp personnel will not be responsible for any accident or injury to the person of any 4-Her, spectator, attendant, other persons, or animal. The 4-Her agrees to indemnify the club and any sponsor against any claim or liability for damage caused by him or his animal.

I have read and agree with the above statement: Must have Signatures
Parent/Guardian _____ 4-Her _____



INSURANCE INFORMATION: Is participant covered by family medical/hospital insurance?
Yes or No If Yes, indicate carrier or plan Name & Group # _____
Copy front & Back of Card & attach to form.