

# 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? \_\_\_\_\_

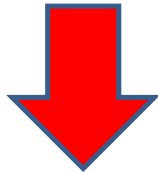
If you answered YES to any of the above quesitons, please explain. \_\_\_\_\_

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.**