

**FURNACE BROOK FARM HORSEMANSHIP CAMP HEALTH FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER'S BUSINESS PHONE \_\_\_\_\_

FATHER'S BUSINESS PHONE \_\_\_\_\_

CELLULAR PHONE \_\_\_\_\_

IF PARENTS CAN'T BE REACHED CALL –

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

PEDIATRICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

In the event of injury to my child while attending Furnace Brook Farm Horsemanship Camp and none of the above contacts can be reached, I authorize Erin Van Steenburgh to make any decisions concerning the use of emergency care for my child. I agree to assume all responsibility and expenses including transportation at this time.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

The following must be provided before the first day of camp –

1. A current medical history signed by a licensed health care provider which lists allergies and any health conditions or impairments that may affect the individual's activities while attending camp.
2. A report of a physical examination conducted during the preceding 24 months.
3. A certificate of immunization – proof of vaccinations for Measles, Mumps and Rubella (MMR), Polio Vaccine, Diptheria, and Tetanus Toxoids and Pertussis Vaccine; Hepatitis B (for children born on or after January 1, 1992, 3 doses required)