

Collegiate Bound Summer Riding Camp Medical Form

Session 1: June 21 – 25, 2016 ★ Session 2: July 19 – 23, 2016

Parents, please complete this form and bring it with you the first day of camp. Students must present documentation of health insurance at the time of registration. If a student is registered by anyone other than a parent or guardian, the parent or guardian must complete the health form and provide signature prior to registration. If your child has a special medical situation of which we need to be aware in advance, please mail this form to us as soon as possible to the following address:

**Collegiate Bound Summer Riding Camp
Emory & Henry College
P.O. Box 947
Emory, VA 24327**

DISCLOSURE:

This program includes physical activity. These activities are designed to be within the limits of a person who is in average good health. The level of participation in all programs and activities is at all times voluntary.

Though safety is the highest priority in all programs, each participant must assume the risk that he or she may suffer an emotional or physical injury, which may be unforeseeable. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence and will not be kept as a permanent record. Please complete the form below and bring it with you on the first day of your scheduled program.

GENERAL AND MEDICAL INFORMATION:

Camper Name _____

Date of Birth _____

Please indicate the type of health care coverage you have for your child.

Private Insurance Name of Company _____

Policy Number _____

Medicaid Identification Number _____

FAMIS Identification Number _____

Please check the answer to the following questions.

NO YES **Does your child have any limiting physical or health disabilities—temporary or permanent—that you or your doctor feel would limit your participation in any activity?**
If you answered yes, please explain. _____

NO YES

Does your child have any chronic or recurring injuries?

If you answered yes, please explain. _____

NO YES

Is your child currently taking any medication?

If you answered yes, please list the medications, the dosage, and the frequency.

NO YES

Does your child have any allergies or reactions to any medications, plants, or insects?

If you answered yes, please explain. _____

NO YES

Has your child had surgery in the past year for any condition which may limit his or her participation?

If you answered yes, please explain. _____

NO YES

Does your child have asthma?

If so, does your child carry an inhaler? _____

NO YES

Does your child have diabetes?

If you answered yes, please explain. _____

Please list any other medical information our staff might need to know about your child.

EMERGENCY CONTACT INFORMATION:

Primary Emergency Contact

Relationship to Camper _____

Address _____

Phone you check regularly _____

Secondary Phone Number _____

Email address checked regularly _____

Secondary Emergency Contact

Relationship to Camper _____

Address _____

Phone you check regularly _____

Secondary Phone Number _____

Email address checked regularly _____

I have provided accurate information on this form to the best of my knowledge. Also, I have read and understand all disclosures provided above. Additionally, I give permission for the director or her designee to seek emergency medical treatment for _____ (student's name) in the event of a sudden illness or injury. I will hold harmless all staff of Summer Campers and Emory & Henry College acting in good faith to obtain emergency treatment for my child. Additionally, I understand that I will be financially responsible for all expenses associated with providing my child emergency care.

Parent or Guardian Signature _____

Date _____