



Free Spirit Stables

at Rushing Winds Farm

2012 SUMMER RIDING CAMP HEALTH FORM

Please fill out one form per person attending.

This information is needed for Summer Riding Camp Participants only

CHILD'S NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS _____

EMAIL ADDRESS _____

MOTHER'S NAME _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

FATHER'S NAME _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

ALLERGIES (*Medications, Foods, Bee Sting, Dust, Weeds, etc.*) _____

MEDICATIONS: List only those that will be sent with camper, list how they are to be administered and any side effects. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE/PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL. _____

Often children request Tylenol. May Free Spirit Stables give your child the recommended dosage of Children's Tylenol? YES _____ NO _____

I authorize Free Spirit Stables to administer the above named medication to my/our child(ren).

Signature: _____

PERTINENT HEALTH PROBLEMS (*Heart Murmur, Diabetes, Asthma, Seizures, etc.*) _____

Does your child have any physical or mental disability, medical conditions, or behavioral problems we should be aware of? YES _____ NO _____ If Yes, explain: _____

DATE OF LAST TETANUS SHOT (*Must have this date or registration will be returned*) _____

DOCTOR'S NAME _____ PHONE _____

INSURANCE _____

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Website: www.spiritstablesmd.com





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2012 SUMMER RIDING CAMP HEALTH FORM *Continued*

EMERGENCY CONTACT INFORMATION: If we cannot contact you in case of an emergency, whom should we contact? NAME _____ PHONE _____

DAILY PICK-UP: Please list all possible names that are authorized to pick up your child(ren) from camp. Person must show form of Identification prior to leaving with the child(ren).

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

CAMPER IMMUNIZATION INFORMATION

Is camper currently enrolled in a Maryland school, public or private? YES _____ NO _____

If YES please provide name of Maryland school _____

If NO, please provide a copy of immunizations confirming that the child has received all immunizations that are required by the Maryland DHMH Recommended Childhood Immunization Schedule.

Is the camper exempt from any immunization on medical or religious grounds? YES _____ NO _____

If YES, please provide a signed copy of the Maryland Department of Health and Mental Hygiene Immunization Certification from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunization for religious reasons.

If NO, give other reasons: _____

PARENT NAME PRINTED _____

PARENT SIGNATURE _____

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