



# Lessons with Denise

## CAMP EMERGENCY FORM

### INSTRUCTIONS TO PARENTS:

- (1) Complete all items on both pages of this form. Sign and date where indicated.  
(2) If your child has a medical condition which might require emergency medical care, please let us know on this form. If necessary, have your child's health practitioner review that information.

CHILDS NAME	Address	Date of birth

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

	Name	Address	Phone
1			1. 2.
2			1. 2.

Child's Physician or Source of Health Care \_\_\_\_\_ Policy # \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

My child (or ward) has permission to participate in horse related activities with Denise at lessonswithdenise and the stable involved. I authorize Denise and her affiliates to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transportation necessary for that care. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the emergency contact people to act on my behalf, and authorize Denise and/ or her affiliates to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in all activities, and be willing and able to abide by the stables rules. I have provided a complete picture of my child's physical, emotional and mental health on this permission form.

In the event that my child (or ward) is photographed, filmed or recorded while participating in camp activities, lessons with denise or other partnering organizations approved by lessons with denise may use the photo, film or recording for publicity, promotional or instructional purposes.

(Optional: If you do not want your child's photograph used for promotional purposes, initial here \_\_\_\_\_)

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Mother's Home Address (If different from above) \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Father's Home Address (If different from above) \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

**Name of Person Authorized to Pick Up Child (daily)**

<b>Last</b>	<b>First</b>	<b>Relationship to Child</b>
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**INSTRUCTIONS TO PARENT:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_  
Allergies/Reactions: \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

- (1) Signs/symptoms to look for: \_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

**OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:**

COMMENTS: \_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

Name of Health Practitioner: \_\_\_\_\_

Date

Signature of Health Practitioner \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone Number \_\_\_\_\_