

Westside Stables LLC– CAMPER'S HEALTH HISTORY

Child's Name _____

The following information is required for a camper to attend day camp.

Provide month & year of camper's last tetanus (or DTP) shot: _____

CONTACT INFORMATION:

Parent or Legal Guardian _____ Phone _____

Emergency Contact Person _____ Phone _____

Camper's Physician _____ Phone _____

HEALTH INFORMATION: Provide information on any medical, psychological or behavioral conditions, medications, dietary restrictions, allergies or special needs of which we need to be aware to ensure that your child's camp experience is positive.

Medical Information and Treatment Release

If medical attention is required for _____ (camper) in conjunction with any camp activities, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical attention as deemed necessary by staff of Westside Stables, LLC a physician, or medical facility providing treatment

Parent or Legal Guardian's Signature _____ Date _____