

# Rainbow Ridge Saddle Club



Just a reminder



Dear Parents,

We are so pleased to have your child join us for our afternoon Saddle Club. We have lots of exciting activities and learning experiences planned for this year and are thrilled to have your child as part of our group. To make your child as comfortable as possible we have a few suggestions.

Our Saddle Club is designed to give children the opportunity to learn the fundamentals of riding, horsemanship, and horse care, make new friends, experience our beautiful farm environment, decompress, complete their homework, and try new things.

Your child's safety is one of our primary concerns. Please notify Rainbow Ridge Farm no later than 1PM if your child will NOT be attending the Saddle Club on their arranged day. Don't forget to notify us if your child gets sick during the school day and is picked up early.



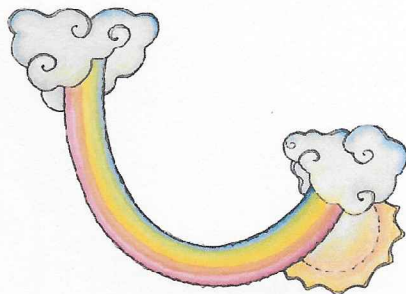
We recommend that your child have an additional set of clothes especially due to unpredictable weather. Since we ride rain or shine, or snow, within reason, of course, it is important that your child have additional clothing to change into if weather becomes a factor. The weather can change in a moment and the clothes your child left for school in might be woefully inappropriate for the afternoon when they arrive at the farm. By preparing ahead, you can rest assured your child will have whatever clothing she needs to participate in club activities safely and comfortably. If you would like to bring a Rubbermaid container and lid we would be happy to keep it in the camp room so your child would not have to lug it back and forth to school each week.

Below is a list of suggested clothing items:

- Long socks for riding boots
- Riding boots
- Helmet (We will provide one if you don't have one!)
- Riding gloves and later warmer gloves for winter
- Long sleeved shirt
- T-shirt
- Sweat shirt
- Rain jacket or poncho
- Light weight jacket
- Additional pair of jeans or long pants
- Winter hat for colder weather
- Warm scarf for fall and winter

At the end of each week, washable clothing can be taken home and exchanged for clean clothing for the next week.

Thanks for your cooperation!



Chandler

**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3260.124 (a)(b), 3260.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	ADDRESS
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	ADDRESS
EMERGENCY CONTACT PERSON(S)			
NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED			
NAME		ADDRESS	
NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			
TELEPHONE NUMBER		ADDRESS	
SPECIAL DISABILITIES (IF ANY)			
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS			
POLICY NUMBER (REQUIRED)		PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAINING EMERGENCY MEDICAL CARE			
ADMIN. OF MINOR, FIRST - AID PROCEDURES		WALKS AND TRIPS	
SWIMMING		TRANSPORTATION BY THE FACILITY	
WADING		PERIODIC REVIEW	

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SIGNATURE OF PARENT or GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CV 857 - 1/93

**CHILD HEALTH REPORT**  
 (55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	COUNTRY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

YES  NO  
 HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

VISION (subjective until age 3)	HEARING (subjective until age 4)	LEAD

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B							
ROTA VIRUS							
DIAP/DTp/TD							
HIB							
PNEUMOCOCCAL							
POLIO							
INFLUENZA							
MMR							
VARICELLA							
HEP-A							
MENINGOCOCCAL							
OTHER							

MEDICAL CARE PROVIDER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_  
 DATE FORM SIGNED: \_\_\_\_\_

Parents may write immunization dates; health professional should verify and complete all data. Parent/Provider fill in this part.