

Blue Point Stables Camp Medical Form

Camper's Medical Information Form

The following form and information entered is used to inform Blue Point Stables' Staff of the needs and circumstances of your child, children and, or ward. The information will be used to better assist the camper. Additionally, in the event of an accident and, or emergency, a copy of the form, if feasible, will be presented to the emergency personnel attending to your child. Your privacy is important to Blue Point Stables and the information entered will be kept on file until a need should arise. No information will be shared with any source other than what has been explained and stated above unless ordered by the courts.

Camper's First Name:		Camper's Middle Name:	
Camper's Last Name:		Male:	Female:
Camper's Street Address:			
City:		State:	Zip Code:
			Camper's D.O.B.:
Camper's Home Phone:		Camper's Cell Phone:	
Mother's First & Last Name:		Email:	
Mother's Home Phone:		Mother's Cell Phone:	Mother's Work Phone:
Father's First & Last Name:		Email:	
Father's Home Phone:		Father's Cell Phone:	Father's Work Phone:

PHYSICIAN'S Name:		Phone Number:	
DENTIST'S Name:		Phone Number:	
Medical Insurance Carrier Name:		Policy Number:	

EMERGENCY CONTACTS:

(Should be someone other than parents. Emergency contacts will be contacted only after efforts to reach the parent or guardian fail.)

Emergency Contact #1			
Contact #1's Phone Number:		Relationship:	
Emergency Contact #2			
Contact #2's Phone Number:		Relationship:	
Emergency Contact #3			
Contact #3's Phone Number:		Relationship:	

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HEALTH HISTORY:

IMPORTANT: Please notify the camp if your camper has been exposed to any communicable diseases during the three (3) weeks prior to camp.

Please list any medical conditions that may prevent your child from participating in any portion or activities at one of the Blue Point Stables camps and if none, please write "None".

Please list all allergies that your child has experienced and, or any medical conditions or procedures that the Staff at Blue Point Stables should be aware of as an caregiver for your child and if none, please write "None":

Please list all medications that your child is currently taking and if none, please write "None":

Please list any dietary concerns that the Camp Staff should be aware of and if none, please write "None":

All camper will be supervised during the camp. However, IN THE CASE OF A MEDICAL EMERGENCY, I understand, agree and consent, that if needed, first-aid will be rendered should an unforeseen accident occur. Further, I understand and agree and consent, that should a serious injury occur, or an illness develop of a severe life threatening nature develop, 911 will be called and medical and, or hospital care will be given for any camper needing these administrations. I further understand that I will be notified in case of serious injury or illness. However, if efforts to contact me fail, I give my permission and consent for emergency care givers to secure proper treatment, and to perform any needed injections, anesthesia and, or surgery or surgeries for my child named above.

Parent's or Guardian's Signature:		Date:	
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Parent's or Guardian's Printed Name:	
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