

Blue Point Stables, LLC's Camp Health, Medical and Authorized Camper Pick Up Form

The following form and information entered regarding the camper's health and medical history 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 intentionally shared with any source other than what has been explained and stated above unless ordered by the courts. Please PRINT legibly in the following boxes.

Camper's Last Name:						Male:		Female:	
Camper's First Name:		Camper's Middle Name:							
Camper's Street Address:									
City:		State:		Zip Code:		Camper's D.O.B.:			
Camper's Home Phone:			Camper's Mobile #:						
Mother's First & Last Name:				Email:					
Mother's Home Phone:		Mother's Mobile #:		Mother's Work #:					
Father's First & Last Name:				Email:					
Father's Home Phone:		Father's Mobile #:		Father's Work #:					
Court Ordered Legal Guardian's First & Last				Email:					
C.O.'s Home Phone:		C.O.'s Mobile #:		C.O.'s Work #:					

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

EMERGENCY CONTACTS for NOTIFICATION in the event of a MEDICAL EMERGENCY:

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

Emergency Contact #1:		Relationship to Camper:	
Contact #1's Phone #:		Contact 1's - 2 nd Phone #:	
Emergency Contact #2:		Relationship to Camper:	
Contact #2's Phone #:		Contact 2's - 2 nd Phone #:	
Emergency Contact #3:		Relationship to Camper:	
Contact #3's Phone #:		Contact 3's - 2 nd Phone #:	

Are immunizations up to date for the age of your camper?	YES: _____	NO: _____	Most recent Tetanus Immunization:	(mm/yy): _____
Has your camper ever had seizures?	YES: _____	NO: _____	Does your camper have asthma?	YES: _____ NO: _____

Blue Point Stables, LLC's Camp Health, Medical and Authorized Camper Pick Up Form

YOUR CAMPER'S 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 below, any medical conditions that may prevent your child from participating in any portion or activities at one of the Blue Point Stables camps and <u>if none, please write "None"</u> . For all sections below, <u>please attach additional sheets if necessary.</u>		
Has your camper ever been treated for any mental, emotional or social health concerns?	NO: <input type="checkbox"/>	YES: <input type="checkbox"/> If "YES" then please explain below.
Please list below, 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 a caregiver for your child and <u>if none, please write "None"</u> . Attach additional if necessary.		
Please list below, all medications that your child is currently taking and <u>if none, please write "None"</u> .		
Please list below, any dietary concerns that the Camp Staff should be aware of and <u>if none, please write "None"</u> .		

YOUR CAMPER'S AUTHORIZED PICKUP NAMES:

Please enter the names and relationship below of person or persons that, you the custodial parent or Court Ordered Legal Guardian, are authorizing to pick up your camper from camp. If the person arriving to pick up your camper is not on your authorized list, then your camper will NOT be released to this person before we have had a chance to contact you for permission to release the camper. Picture Identification may be requested of the person picking up your camper.

Authorized PU Name:		Relationship to Camper:	
Authorized PU Name:		Relationship to Camper:	
Authorized PU Name:		Relationship to Camper:	
Authorized PU Name:		Relationship to Camper:	
Authorized PU Name:		Relationship to Camper:	
Authorized PU Name:		Relationship to Camper:	

All campers will be supervised as closely as possible 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.

Custodial Parent's or Legal Guardian's Signature:		Date:	
Custodial Parent's or Legal Guardian's Printed Name:		Relationship to Camper:	