

YONAHLOSSEE SADDLE CLUB HEALTH FORM

Camper Name \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

Parent's phone number \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contacts and numbers \_\_\_\_\_

Past history of serious lacerations, injuries or illnesses \_\_\_\_\_

Allergies (include medicine, food, insects, plants) \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ An inhaler? \_\_\_\_\_

Penicillin or other drug reaction? \_\_\_\_\_

Special medication or other reactions? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Behavioral issues? \_\_\_\_\_

Hospital preference \_\_\_\_\_

Doctor preference \_\_\_\_\_

Food allergies or limitations? Favorite foods. \_\_\_\_\_

I, \_\_\_\_\_ give the administrator and staff of  
Yonahlossee Saddle Club permission to act on behalf of my child if  
necessary in the case of a medical emergency. This could include  
administering first aid, or seeking further help from EMS, a local hospital or  
doctor's office. Camp staff has my permission to administer \_\_\_\_\_  
\_\_\_\_\_ medication to my child at (time)  
\_\_\_\_\_

Parent signature \_\_\_\_\_