

Medical Information Form

Herradura Farms

Today's Date:

Camp Dates:

Campers Name:

Does your child have a history of Asthma? Yes No If Yes, please ensure that your child brings his/her medication with her/him even if she/he has not recently needed it. Outdoor games and activities at camp can trigger Asthma attacks that may be unexpected and thus can be frightening. Please indicate the information regarding your child's Asthma and medication.

Allergies (other than food) that might cause medical problems

Food allergies that might cause medical problems

Does your child carry medication for their allergies? Yes No
If Yes, please provide details:

Are there any chronic conditions or illnesses of which the staff should be aware? Yes No

If Yes, please specify

Is your child on any medication? Yes No

Does your child need to take the medication during camp time? Yes No

If Yes, please list them below with the specific directions for their use.

(Please include medications children must use at school such as Ritalin).

Medication

Prescribed Dose

Time administered

Do you give the camp permission to administer any appropriate over the counter medications, such as Tylenol or Benadryl etc. when deemed necessary by our Staff? Yes No

(please circle your choice)

To the best of my knowledge, I have informed Herradura Farms of all details regarding my child's health. In the event of a medical emergency I understand that every effort will be made to contact me. Should I not be able to be reached in such an emergency, I grant my authorization and consent for camp personnel to administer general first aid treatment for any minor injuries or illnesses. I authorize camp personnel to call for medical care for my child and transport to a medical facility or hospital. I further authorize appropriate medical personnel to render such medical treatment as, in their opinion, is necessary for the health of my child. I understand that Herradura Farms camp does not offer insurance for injuries sustained

as a result of camp participation. I agree to be financially responsible for all medical expenses incurred on behalf of my child. This permission is good only while my child is attending Herradura Farms camp.

Camper's Name: (please print clearly)

Camp Session Dates:

Parent/Guardian's Signature:

Date: _____ 2011

I give my permission for Herradura Farms to use any photographs, video tapes, or audio tapes that may be taken of my child while attending Herradura Farms Summer Camp for promotional or education purposes (e.g. websites, ads, etc.). I agree that the photos, video footage and/or audiotape may be used without limitation on time or frequency.

Date: _____ Parent/Guardian:
