

ROAD'S END FARM HORSEMANSHIP CAMP

TEL: 603/363-4900

FAX: 603/363-4949

P.O. Box 197 ♦ 149 Jackson Hill Road
Chesterfield, New Hampshire 03443-0197

MEDICAL HISTORY - To be completed by Parent/Guardian

<u>HEALTH HISTORY:</u>	Yes	No	<u>ILLNESSES:</u>	Yes	No	Date
Bed Wetting	_____	_____	Asthma*	_____	_____	_____
Behavior Problems	_____	_____	Chicken Pox	_____	_____	_____
Convulsions	_____	_____	Diabetes	_____	_____	_____
Ear Infections	_____	_____	Rheumatic Fever	_____	_____	_____
Heart Murmur	_____	_____	Other _____	_____	_____	_____
Operations _____						

<u>ALLERGIES:</u>	Yes	No	Reaction			
Fractures _____			Hay Fever	_____	_____	_____
Sprains _____			Insect Stings*	_____	_____	_____
Recurrent Pain _____			Medications	_____	_____	_____
Other _____			Latex	_____	_____	_____
			Food _____	_____	_____	_____
			Daily Chores	_____	_____	_____
			Other _____	_____	_____	_____

*** If an Epi-Pen or an Inhaler will accompany your camper to the Camp, please notify us at your earliest convenience to obtain the additional form that is required by the State of New Hampshire. Please note that the Epi-Pen and/or Inhaler must be accompanied by a prescription for the device.**

Has your camper menstruated? _____

If not, has she/ have they been told about it? _____

If so, is her/their menstrual history normal? _____

Does your camper have a history of depression and/ or anxiety? _____

Does your camper have or has your camper had an eating disorder? _____

Does your camper have a history of self-harm? _____

Has your camper been in residential treatment in the last 12 months? _____

Is your camper currently in regular therapy? _____

Does your camper need to attend virtual or telephone therapy appointments while at camp? _____

If so, please reach out to Briony to discuss arrangements in advance.

Other Medical History Notes:

For nurse's use

HC	VA	DH	IC
Date: _____			

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Medications (PLEASE INDICATE NAME, STRENGTH, DOSE, AND PLAN OF ADMINISTRATION)

Medication	Dose (Note AM or PM)	Used for

All medications must be in original container with pharmacy labeling.

Special Instructions or Comments

Does your camper have any dietary restrictions? If so, please explain.

Has your camper been treated for any medical condition in the last month? If so, please explain.

Has your camper tested positive for COVID-19 within the past 90 days?

Does your camper have any concerns that the Road's End Farm staff should be aware of? If so, please explain.

Do you have any particular instructions for the staff regarding the care of your camper?

Other Documentation

IMMUNIZATIONS: The State of New Hampshire mandates that a copy of each camper's formal immunization record accompany her/ their Health Certificate. Please attach immunization documentation to this form. Please also provide proof that your camper has been fully vaccinated against COVID-19 per the CDC's definition prior to her/ their camp stay. Any camper without such official documentation will not be admitted to the camp program at Road's End Farm.

HEALTH INSURANCE: Please provide a copy of the front and back of your camper's health insurance card.

Camper Name: _____

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Parent's/Guardian's Authorization

This medical history is correct as far as I know and the child herein described has my permission to engage in any and all camp activities, except as noted by me above. In the event that I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp's director to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for the child named above. Furthermore, I give permission to members of the camp's staff to prudently provide and/or administer over-the-counter medications to her/ them.

Signature _____ Relationship _____ Date _____

PHYSICIAN'S STATEMENT - Please examine child within two years of her/ their stay at camp.

_____ was examined and found to be in satisfactory health and apparently free from communicable diseases. Except as noted below, there are no apparent contra-indications to her/ their participating in any or all camp activities including horsemanship and related farm chores. She has/ they have been properly immunized against tetanus for her upcoming experiences on a horse farm. **Her last tetanus booster was administered on** _____ . Comments, special problems, allergies, etc.:

Doctor's Signature _____ Date _____

Address _____ Phone () _____

**This form, fully completed and signed, must accompany the camper to Road's End Farm.
Do not send this health certificate to the camp.**

Camper Name: _____