ROAD'S END FARM

HORSEMANSHIP CAMP ♦ RETREAT CENTER

(603)363-4900 (603)363-4600

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

HEALTH CERTIFICATE - Please print or type

Name of Camper:______________________________Date of Birth:______________
Preferred Name:______________________________Pronouns:__________________
Camp Arrival Date:____________________________Camp Departure Date:________

Name of Parent/Guardian:_______________________Relationship:______________
Street Address:_______________________________P.O. Box:__________________
City/Town:____________________State:_______Zip Code:___________________
Home Telephone:______________________________Cell Phone:________________
Work Telephone:______________________________Email:_____________________

If parent or guardian is unavailable in an emergency, please notify:
1. Name:_____________________________________Relationship:______________
Home Telephone:______________________________Cell Phone:________________
Work Telephone:______________________________Email:_____________________

2. Name:_____________________________________Relationship:______________
Home Telephone:______________________________Cell Phone:________________
Work Telephone:______________________________Email:_____________________

Primary Physician:_____________________________Physician Phone:___________
Insurance Company:____________________________Policy #:_________________
Subscriber:___________________________________Insurance Phone Number:_____

Please attach a copy of the front and back of the camper's health insurance card to this application

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. If the camper is vaccinated against COVID-19, please submit documentation as part of the immunization record.

Any camper without such official documentation will not be admitted to the camp program at Road's End Farm.

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MEDICAL HISTORY – To be completed by parent or guardian

General Health History – Indicate yes or no for each statement

Has/does the camper:

Ever been hospitalized ____________________ Have asthma*____________________
Ever had surgery____________________ Have a heart murmur ____________________
Have recurrent/chronic illnesses____________________ Have diabetes____________________
Had an illness/injury in the last month____________________ Have a history of bedwetting____________________
Have seizures____________________ Have problems with diarrhea/constipation___
Have headaches____________________ Have any skin problems____________________
Have fainting or dizziness____________________ Have joint or back pain____________________
Have vision or hearing problems ____________________ Have other medical problems ____________________

Please explain any yes answers in the space below

Allergies: - Indicate yes or no for each allergy*

Pollen/Hay Fever____________________ Medication____________________
Animals____________________ Latex____________________
Bee/Insect____________________ 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.

Please explain the reaction for any yes answers in the space below

Mental, Emotional and Social Health – Check yes or no for each statement

Has/does the camper:

Ever been treated for ADD/ADHD____________________ Attend regular therapy**____________________
Have an eating disorder____________________ Have a history of self harm____________________
Have a history of depression____________________ Have a history of anxiety ____________________
Have a history of residential treatment____________________ Had a challenging life event ____________________

** ***If your camper needs to attend therapy appointments while at camp, please contact Sarah to coordinate***

Please explain any yes answers in the space below

Has your camper ever menstruated:____________________
If yes, do they have regular menstrual cycles?____________________
If no, have they been educated about menstruation?____________________

Camper Last Name____________________

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MEDICATIONS

Please include any medications, vitamins or supplements your camper takes on a daily basis***

Name of Medication	Date Started	Reason for Taking	Amount or Dose	How it is given	When it is given

This camper will not take any daily medications while at camp

The following non-prescription medications may be stocked with the Camp Nurse and are used on an as needed basis to manage illness and injury. ***Please cross out the medications your camper should not be given.***

Acetaminophen (Tylenol)
Phenylephrine Decongestant (Sudafed PE)
Diphenhydramine Antihistamine (Benadryl)
Sore Throat Spray
Calamine Lotion
Antibiotic Cream
Laxatives (Ex-Lax)

Ibuprofen (Advil/Motrin)
Pseudoephedrine Decongestant (Sudafed)
Guaifenesin Syrup (Robitussin)
Dextromethorphan Syrup (Robitussin DM)
Cough Drops
Aloe
Bismuth Subsalicylate (Pepto Bismol)

*******All Medications must be in their original container with pharmacy labeling. No loose pills, medication planners or non-pharmacy labeled containers will be permitted at camp. Melatonin, supplements, vitamins, herbs, natural remedies, OTC pain medication, etc, must be left with the camp nurse. Self-administration of medications, vitamins or supplements by campers is not permitted.***

ADDITIONAL INFORMATION - Attach additional information if needed

Does your camper have any concerns that the Road's End Farm staff should be aware of? Do you have any particular instructions for the staff regarding the care of your camper? If so, please explain.

Camper Last Name_______________________________

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DISCLOSURE

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 medications, 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:____ Date:____________________________

Name:____ Relationship:______________________

Please note that if your camper has a signed "Fit for School/ Camp" form or has a signed summary from a wellness visit or physical from the last two calendar years, a signature from a Physician below is not required.

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/their upcoming experiences on a horse farm.

Her/their last tetanus booster was administered on:____
Comments, special problems, allergies, etc.:____

Physician's Signature:________________________________ Date:____________________________

Address:_______________________________________ Phone Number:____________________

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 Last Name________________________