

Health History

This page to be completed by parent or guardian.

Participant _____ Date of Birth _____ Sex ___ F ___ M

Parent or Guardian _____ Disability _____

Home address _____ Phone _____

Work address _____ Phone _____

Second Parent _____ Phone _____

Home address _____ Phone _____

Emergency Contact _____ Phone _____

Address _____ Phone _____ Relationship _____

Please check below if child has experienced any of the following:

_____ frequent ear infections _____ heart disorder or defect _____ convulsions or seizures _____ hypertension
_____ bleeding disorders _____ Mononucleosis _____ visual difficulty _____ hearing difficulty _____ head, neck, or back injuries
_____ stomach disorders _____ psychiatric care

Any additional information concerning health _____

Diseases: _____ Chicken Pox _____ Measles _____ German Measles _____ Mumps _____ Diabetes _____ Stomach Ulcers _____
Kidney Disease _____ Rheumatic Fever _____ Tuberculosis _____ Pneumonia _____ Respiratory/Lung Disease _____ Muscular
Disease _____ Heart Disease Any additional information concerning diseases _____

Allergies: _____ Hay Fever _____ Poison Ivy or Oak _____ Insect Bites _____ Penicillin _____ Asthma

Other drugs _____ Other Allergies _____

Operations or serious injuries and dates _____

Chronic or recurring illness or medical conditions _____

Please provide a copy of shot records.

Name of medical/hospital insurance _____

Policy and group number _____

Policy owner _____

Females: any problems with menstrual cycle that we need to be aware of _____

Any activities that you prefer your child not to participate in _____

The health history form is correct to my knowledge, and the child has my permission to participate in all camp activities except as noted. Authorization for treatment: I hereby give my permission to the medical personnel selected by the staff at Leigh Ann's Horses for Attachment to order x-rays, routine tests, treatment, and to release any records necessary for insurance purposes, and to provide or arrange for necessary related transportation for my child. In the event, I can't be reached in an emergency, I hereby give permission to the physician selected by Leigh Ann's Horses for Attachment director to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips outside the building.

Signature _____ Date _____

Notarized _____ Date _____

Commission expires _____