



ENROLLMENT AND HEALTH FORM

CAMPER NAME: _____, DOB: _____

ADDRESS: _____ CITY/ STATE/ ZIP: _____

PARENT/ GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACTS:

#1. _____

RELATIONSHIP: _____ PHONE: _____

#2. _____

RELATIONSHIP: _____ PHONE: _____

HEALTH HISTORY

Allergies: _____

Current Medications: _____

Any Medical Conditions or Health Problems: _____

This health history is correct to the best of my knowledge and the person herein described has permission to engage in all activities. PARENT/ GARDIAN: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I _____, am the parent/ guardian of _____ . I am aware that horsemanship activities involve certain inherent risks of injury. In the event my son/ daughter sustains an injury or illness that requires emergency medical treatment, and I or my above named contact person cannot be reached, I hereby authorize staff of Windstar Farm to secure proper medical treatment, including transport to the nearest medical treatment facility.

I authorize the medical professionals at the health care facility and whomever they may designate to perform such emergency treatment and procedures as they deem advisable.

PARENT/GARDIAN: _____ DATE: _____