

Hoofbeat Ridge Camps, LLC

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2024 Day Camp Health Form (page 1 of 2)

Please return this form by April 15th for any session. Registration is not complete until we have this form on file and campers will not be permitted to attend camp if it has not been turned in by the required date.

Camper Name _____ Birth date _____

Age at Camp _____ Girl Boy Height _____ Weight _____

Sessions 1. June 10 -14 4. July 1-3 7. July 22-26 10. August 12-16
Attending 2. June 17-21 5. July 8-12 8. July 29-August 2
 3. June 24-28 6. July 15-19 9. August 5-9

Best Phone # to reach parent(s) while child is at camp: **Father** _____ **Mother** _____

	Father	Custodial Parents	Mother
Name			
Address			
City/State/Zip			
Home Phone			
Work Phone			
Cell Phone			
Email			
Occupation			

Emergency Contact: _____ Phone: _____ Relationship _____

Medical/Hospital Insurance Carrier _____ Policy/Group # _____

Allergies (list all known) (describe reaction and management of the reaction)

Medication allergies _____

Food Allergies _____

Other Allergies (insect stings, hay fever, asthma, animal, etc.) _____

Medications Taken Routinely: (list ALL medications, including over-the-counter or non-prescription drugs and the reason camper is taking them) **Keep in the original container that identifies the prescribing physician (if prescription), the name of the medication and the frequency of administration.**

Camper takes NO medications on a routine basis Camper takes the following medication(s):

Medication #1 _____ Dosage _____ Specific times taken daily _____

Reason for medication _____

Medication #2 _____ Dosage _____ Specific times taken daily _____

Reason for medication _____

OVER →

Restrictions (Explain any activity restrictions of camper) _____

Immunizations (which of the following has camper had?) * If your camper is not vaccinated, we are required to have a signed waiver for them. Please contact our office to get a waiver.

- MMR
 - Hepatitis A
 - Chicken Pox (Varicella)
 - Hepatitis B
 - Polio
- * Date of last Tetanus shot _____

*This form is **not considered complete** unless the **date** is written in. Please do not write "current".

General Questions about Camper: (Please explain any "yes" answers below)

	*Yes	No		*Yes	No
1. Any injury or infectious disease with the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had problems with joints?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any chronic or reoccurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Any orthodontic appliance at camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Any skin problems (itch, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Seizures? **	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Diabetes? **	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Asthma? **	<input type="checkbox"/>	<input type="checkbox"/>
7. Wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	22. Does camper <u>have</u> an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	23. Does camper <u>carry</u> an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	24. Had mononucleosis in past year?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Any diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during/after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had any eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Diagnosed with heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	27. Does camper <u>have</u> an epi-pen? **	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pains during/after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Does camper need to <u>carry</u> an epi-pen? **	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	29. Does camper get motion sickness?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>	30. Ever had emotional problems needing professional help?	<input type="checkbox"/>	<input type="checkbox"/>

*Please explain any "yes" answers from above _____

**** We are required to have an emergency care plan/action plan for campers that have any of the following; asthma which requires them to carry an inhaler, any allergies that require camper to carry an epi-pen or auvi-q injector, diabetes, or seizures. Please send the care/action plan in with the completed health form.**

Name of family physician _____ Phone _____

Permission & Emergency Authorization: This health form is correct to my knowledge. My child has permission to engage in all camp activities except as noted. I have read the "Important Information About Day Camp" and understand the policies regarding payment, cancellation, refunds, group requests and bus times. I also understand that my child will attend at his/her own risk and will not hold Hoofbeat Ridge, its owner or employees liable in case of an accident or injury or to their possessions. I hereby give permission to the medical personnel selected by the camp director to provide routine medical care and dispense medications as required. In the event that I cannot be reached in an emergency, I give permission to the medical personnel selected by the Camp Director to hospitalize, order x-rays, routine tests and treatment, to order injection and/or anesthesia and/or surgery for my child as named above. This completed form may be photocopied for use out of camp.

Signature of parent or guardian

Date