



(since 1957)

## Camper Medical Information

Camper Name \_\_\_\_\_ Parent(s) name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail address: \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Health Card # \_\_\_\_\_ Version code \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Are your child's immunizations up to date, including tetanus? \_\_\_\_\_

Has your child recently been in contact with any contagious disease? \_\_\_\_\_ If yes, please describe and when? \_\_\_\_\_

Does your child have any life threatening allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Does your child use an epi-pen? \_\_\_\_\_ Does your child use an asthma inhaler? \_\_\_\_\_ If yes, please list

Instructions for epi-pen and/or inhaler use \_\_\_\_\_

Does your child have any special diet requirements? \_\_\_\_\_

Are there any medical/ behavior concerns or program restrictions we should be aware of? \_\_\_\_\_

Please list and explain any other medications to be administered \_\_\_\_\_

I give Horseshoe J Dude Ranch my permission to give the noted medications as per my instructions. I understand that Horseshoe J Dude Ranch may also provide other "over the counter" medications (such as Tylenol, Advil, Benadryl) where deemed necessary. In the event of an emergency, I give my permission for Horseshoe J Dude Ranch to act in what is thought to be the best interest of the child.

My signature below indicates that all information on this application form is complete, accurate and all medications have been listed above.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

