



## Innova Riding Stables, LLC Summer Camp

### Emergency Form

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Medical Information:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical conditions that we need to be aware of?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian

Parent /Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone contact \_\_\_\_\_

**In case there is an emergency contacted this form allows Innova Riding Stables, LLC or its representatives to seek medical care for your child in the nearest emergency room via ambulance transportation. A parent/guardian will be contacted. If immediate medical treatment is necessary, 911 will be called without delay.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guarding Signature \_\_\_\_\_ Date \_\_\_\_\_