



(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? _____

If eligible, how many COVID19 vaccine doses has camper received: _____

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