

2021 Health History & Examination Form

This mandatory form is your best opportunity to give us a clear understanding of your child’s health. Information needs to be updated annually and the health exam needs to be completed by a licensed medical professional. Children attending without this information may be withheld from activities. This form can be returned electronically, or mailed directly to us. You may hand delivered it at least 1 week before enrollment starts.

Name: _____ Gender: _____ Age: _____

Birth Date: _____ Entering Grade: _____ in September 2019 School: _____

Why are you attending JLP Horses Summer program? _____

Home Address: _____ City _____ State _____

Zip Code _____ Do you have prior horse experience? _____

Parents/Guardians: _____ Phone Number: _____

Health Insurance Co. _____ Policy# _____

***(Please Photo copy both sides of cards and attach to this form.)**

Emergency Contact Person and their Phone: _____

Part I– Health History (To be Completed by Parent / Guardian)

Permission to apply/use Sunscreen: Yes / No Permission to apply/use Bug Repellent: Yes / No

Check all that apply: _____ Asthma /Respiratory _____ Headaches _____ Epilepsy _____ Ear Infections
_____ Diabetes _____ Bed wetting Circle YES or NO _____ Convulsions _____ Heart Disease /Defect
_____ Urinary Tract Infections _____ Back Problems _____ Bleeding Disorder _____ Dental Needs
_____ Fainting Spells _____ Psychiatric Diagnosis _____ Eyewear Sleep Walking _____ Eating Disorders
_____ Skin Problems _____ Other (please include details) _____

Provide us with any important information regarding your child’s overall health. Include any special dietary or allergies.

List all Prescription Medications: Dosage Time Reason for Taking / Comments _____

*Prescribed medications must be in their original container with an intact prescription label. Put meds in ziploc bag and label.

Immunization Record : Requires a Month and Year.

IMPORTANT: The New York State Department of Health requires that this section be completed and that all immunization records be up to date before the child's enrollment start date or participates in any activities. You may attach a copy of your records.

Diphtheria/Tetanus _____ Measles _____ Mumps _____ Rubella _____ MMR _____ Polio _____

*Tetanus must be within last 10 years.

Haemophilus Influenza B _____ Hepatitis B _____ Varicella (chicken pox) _____ Others _____

If you have any questions, please contact us at (845) 260-0962 or email us at NYEquine@aol.com. This form, its information, and your signatures are an essential requirement to allowing your child to participate in **any of our programs**, including riding lessons, Ponysitters and Summer Horsemanship Camp programs. Without this form present, JL Performance Horses has the right to hold families from being a part of the programs.

ASSUMPTION OF RISK, RELEASE OF INDEMNIFICATION

I, the undersigned, recognize that horseback riding, farm activities and/or camping can be dangerous and to minimize the risk of injury to myself, my child and others, I agree as follows:

1. I and my child will accept and abide by the rules of the JL Performance Horses.
2. I and my child will take great care to protect myself and others from injury.
3. In consideration of my opportunity to stay at JL Performance Horses and to participate in the activities at JL Performance Horses, I and my child:
 - A. Acknowledge that I am and my child is responsible for our own safety and JL Performance Horses is not responsible for my safety, or my child's, beyond ordinary standards
 - B. Release and discharge JL Performance Horses from any liability arising from my or my child's own neglect or carelessness.
 - C. Accept all responsibility for risks within my or my child's control.
 - D. Hold harmless and release indemnification of JL Performance Horses from all liability not covered by available insurance arising from my or my child's participation in horseback riding, farm activities and/or as a participant and resort to my personal medical, accident, and property insurance as my exclusive remedy. I will not hold JL Performance Horse liable or compensation for any of my injuries or for damage to my property.
4. For the purpose of this documentation, JL Performance Horses shall include any of the staff, family members, employees, instructors, its officers, directors, and/or affiliates.
5. This Assumption of Risk and Release is binding upon the undersigned, by my heirs, distributes, personal representatives, and assigns.

Child's name: _____

Date: _____

Parent/Guardian Signature: _____ Date: _____

I, the undersigned parent or guardian, consent to the above named participant's participation in activities at JL Performance Horses; I individually and in my representative capacity, join in foregoing Assumption of Risk and Release. In addition, consent is given that photos which include the above named child may be used for JL Performance Horses publicity. This health history is correct and the person herein described has permission to engage in all prescribed activities except as noted by me and my licensed medical personnel. In the event of an emergency and I cannot be reached, I hereby give permission to JL Performance Horses for emergency treatment.

Signed by Parent / Guardian: _____ Date: _____

Part Two – Health Care Recommendations by Licensed Medical Personnel Note– Must be filled out by a physician (please answer all questions)

Child's Name: _____

DOB: _____

Date: _____ Weight: _____ Height: _____ Blood Pressure: _____

In my opinion, the above applicant is / is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions:

Treatments to be continued at JL Performance Horses:

Limitations in activities:

All registering students must have individual written orders from a physician before a child can receive any medications, **including Over The Counter (OTC) drugs**. Please circle and initialize what medications you allow your child to take.

Aspirin / Acetaminophen / Ibuprofen / Benadryl / Claritin / Pepto Bismol / Immodium

Other OTC Medications: _____

Physician's Signature and Date: _____

Phone #: (____) _____

Physician Name: _____

Email: _____

Office Address: _____

PP Performance Horses