

## Cambria Stables Emergency Contact Form

Campers name \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

Contact number(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail address \_\_\_\_\_

Is your child up to date on all vaccines including Tetanus? \_\_\_\_\_

Any activity restrictions or limitations? \_\_\_\_\_

Any allergies? (food, environment, ect.) \_\_\_\_\_

Does your child need any medications administered during the camp day? (if so please include dosage, frequency, ect.)  
\_\_\_\_\_

Any special instructions for the counselors?  
\_\_\_\_\_

Name/number of person we should contact in emergency (besides yourself)  
\_\_\_\_\_

Any additional contact numbers we should have  
\_\_\_\_\_

In the event of an emergency, do you give Cambria Stables staff permission to call 911 and send your child to a local emergency facility for treatment? \_\_\_\_\_

Do you give Cambria Stables staff permission to administer over the counter medications such as aspirin, allergy medications, or Pepto Bismal if Necessary? \_\_\_\_\_

Signature \_\_\_\_\_