

Morningside Stables at Andover Equestrian Center

433 Andover road, Linthicum Heights, Maryland, 21090

CAMP REGISTRATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

Today's date:			
CAMPER'S INFORMATION			
Camper's Last name:	First:	Middle:	Age: Birth date:
Parent or Guardian Name:			
Street address:	City:	State/Zip Code:	
Home No.: ()	Cell Phone No.: ()	Work No.: ()	
Alt. Parent/Guardian Name and Number:	Email address:	Alt. Email:	
Six Camp Session(s) Offered: Please circle		August 12 th -16 th	
		August 26 th -30 th	
Week(s):			
June 17 th -21 st	July 1 st -5 th	July 15 th -July 19 th	July 29 th -August 2 nd
Riding Experience:			
Before or After Care Required (8:00am drop off and/or 5:00pm pick up)			
Yes___ No___	If Yes, Please indicated which	Before Care \$75	After care \$75
		Both (Am & PM) \$100	
Current Morningside Stable Rider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

HEALTH AND INSURANCE INFORMATION	
Camper physical and/or mental health conditions, problems and/or disorders which may affect his/her safety and ability to ride a horse? Yes___ No___ If yes, please describe	
Allergies	
Medication	
Last Tetanus	
Other Conditions	
Health Insurer:	Policy Number:

Physician:	Physician Contact Number:		
IN CASE OF EMERGENCY			
EMERGENCY CONTACT:	Relationship to camper:	Home phone no.: ()	Work phone no.: ()

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the Morningside Stables staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the Parent, Guardian or Emergency Contact individual indicated is unable to be reached.

AGREED:

Parent or Guardian

Name signed	Date
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OR

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or Guardian

Name signed	Date
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If this option is selected,

- The Parent or legal guardian shall remain on site at all times while rider/volunteer is receiving services or on the property
- In the event that emergency treatment/aid is required, I wish the following procedure to occur:
