

PICKERING HORSE CENTRE

Medical Form

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE INTIAL
HEALTH #	DATE OF BIRTH	DATES ATTENDING CAMP
DOCTORS NAME	DOCTORS PHONE #	
PARENT OR GUARDIAN	FULL NAME	
	ADDRESS	
	HOME PHONE	WORK PHONE
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY:		
NAME	RELATIONSHIP	PHONE
SPECIAL MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS		
LIST MEDICATIONS (IF ANY). ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS AND CLEARLY LABELED		
CURRENT MEDICATION	REASON FOR MEDICATION	DOSE/TIME
IF THERE IS ANYTHING ELSE WE NEED TO BE INFORMED ABOUT YOUR CHILD'S HEALTH PLEASE STATE HERE:		
<p>The health history is correct so far as I know. My son/daughter has permission to engage in all camp activities. I understand that all medications, etc. must be given to the camp councillor upon arrival and that they must be in its original container and clearly labelled.</p> <p>I hereby give permission for the camp councillor to administer the following medication to my child per manufacturers guidelines:</p>		
Parent/Guardian Name (Please Print)		Date
Parent/Guardian Signature		