

Camp Full Moon Farm ~ Medical Information

Camper Name:							
Date Of Birth		Weight:		Height:		Gender:	

Any medical problems with the following: Please specify, ok to use the back of the form if needed.

Y / N	Head		Y / N	Neck	
Y / N	Back		Y / N	Chest	
Y / N	Abdomen		Y / N	Arms	
Y / N	Legs		Y / N	Feet	
Y / N	Heart		Y / N	Stomach	
Y / N	Eyes		Y / N	Ears	

Does your child have a history of any of the following medical problems?

Y / N	Concussion		Y / N	Diabetes	
Y / N	Seizures		Y / N	Asthma	
Y / N	Contacts		Y / N	High blood pressure	
Y / N	Other				

Does your child have any known allergies to:

Y / N	Medicine		Y / N	Environment	
Y / N	Food				

Date of last tetanus immunization: _____

Primary Care Physician		Phone #	
Health Insurance Provider			
Member Name		Member ID	

Medications to be administered at camp. List all that need to be taken. BRING enough to last the entire time at camp.

Med #1		Dose		Time(s)	
Med #2		Dose		Time(s)	
Med #3		Dose		Time(s)	

Authorized Camp Full Moon Farm personnel have my permission to administer medication to my child as noted above.

X _____ **Parent Signature**

Emergency Contacts: Please print

Name		Phone Number	
Name		Phone Number	

Camp Full Moon Farm

Camper Pick Up and Release Information

Camper Name: _____

In order to provide a safe experience for all campers, **ONLY** the persons listed below will be allowed to pick up your camper. Any changes must be given to the camp director in writing by the parent or guardian. All Campers must sign in and out on a daily basis.

Parent(s) or guardian(s) picking up child: _____

I / We give permission to the following persons to pick up my child if I cannot:

Name	Relationship to Camper

_____ Please note that my child should **NOT** be released to the following person(s) at any time.

_____ Note here if the camp should be aware of special custodial or safety issues.

Before and After Care

My child(ren) need before and after care the following day(s):

**Reminder No After Care on Friday

Please check all that apply:

AM

PM

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		N / A

Cost:

Days: _____ @ \$20/day = \$ _____ per child. Please bring your payment of \$20 per day per child with the remaining balance due to check-in on the first day of camp.

Camp Full Moon Farm

Request for Horse Activities

Dear Camper,

This is your camp week and we want to make it a great time for you! Help us include your interests too by returning your forms early.

Horse Request

If you are a current student at Full Moon Farm or have attended camp with us previously, please let us know if there is a special pony or horse you would like to ride during camp. You may want to ride an old favorite or challenge your skills with a new horse. We will try to meet your requests as much as possible. If you have any preferences please list them below.

1. _____
2. _____
3. _____

Activities Request

Please let us know if there are any horse activities that you would like to learn about or do at camp. Is there a game you would like to try, something new you read about or saw on TV or a skill that you would like to improve? Here's your chance to let us know.

I would like to....

Thanks for help us design a great week! We look forward to seeing you this summer.