

## 4-H English Horse Camp Medical History and Medical Treatment Permission Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Blood Type (if known) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relatives or friends authorized to act in your behalf in case of emergency in case parents/guardians cannot be reached:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Cache County English 4-H Rider Leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia and surgery for my child named above should it be deemed necessary.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Name of Physician \_\_\_\_\_ Physician Phone Number (\_\_\_\_) \_\_\_\_\_

Health History: (check all that apply and give approximate dates)

Ear Infection \_\_\_\_\_

Allergies:

Diseases:

Rheumatic Fever \_\_\_\_\_

Hay Fever \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Convulsions \_\_\_\_\_

Insect Stings \_\_\_\_\_

Measles \_\_\_\_\_

Diabetes \_\_\_\_\_

Penicillin \_\_\_\_\_

Mumps \_\_\_\_\_

Behavior \_\_\_\_\_

Plants \_\_\_\_\_

German Measles \_\_\_\_\_

Other Drugs \_\_\_\_\_

Asthma \_\_\_\_\_

Food Allergies \_\_\_\_\_

Give date of last tetanus immunization or booster \_\_\_\_\_

Give dates of operations or serious injuries \_\_\_\_\_

Any drug allergies (other than above) \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any other allergies or specific medical conditions that we should know about? \_\_\_\_\_

Please list any special assistance needed, such as dietary or accessibility restrictions \_\_\_\_\_

Current medications being taken \_\_\_\_\_

Special Medical Concerns \_\_\_\_\_

If you are bringing medications to the event with you, make sure your name is on them  
and that you give them to the camp nurse upon arrival to horse camp.