

## Horses for A Change Health History Form

New & returning riders are required to COMPLETE, SIGN & RETURN BOTH SIDES OF THIS FORM. Please use one form per rider. All information will be kept confidential. PLEASE PRINT CLEARLY

### HEALTH & PERMISSION FORM

**Child's Name:** \_\_\_\_\_

Birth Date (Mo/Day/Yr): \_\_\_\_\_

Age: \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate: \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate: \_\_\_\_\_

**HEALTH HISTORY:** On the back of this form, please list any medical conditions your child has, including: a recent/current illness or injury, existing medical condition, restrictions or limitations, seizure disorders, asthma, allergies (i.e., to medications, insect stings, food, etc.) or special needs. Also list any medication taken by the rider at home or during riding hours.

Does the child carry \_\_\_\_\_ an EPI-Pen \_\_\_\_\_ Insulin \_\_\_\_\_ Other \_\_\_\_\_

Please be aware that staff are not authorized to administer any medication, prescription or non-prescription.

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

IMMUNIZATION Dates	1 <sup>st</sup> Dose	2d Dose	3 <sup>rd</sup> Dose	Boosters
Measles	_____	_____		
Mumps	_____	_____		
Rubella	_____	_____		
IPV or OPV	_____	_____	_____	_____
DPT	_____	_____	_____	
HIB	_____	_____	_____	
Hepatitis B	_____	_____	_____	
Varicella (Chicken Pox)	_____			

*Please complete both sides of this document.*

I give permission for my child noted above to receive medical treatment in case of illness or injury during Summer Riding Week hours. I authorize transportation to a hospital and permission to release his/her medical information. I understand that I am responsible for all payments for medical treatments.

Please sign and date here:

- I understand that my child will not be admitted to a riding week unless this form (both sides) is completed and returned.
- I hereby give permission for my child to attend and take part in all riding week activities except as noted by his/her physician.
- I understand I give permission for all those responsible for my child to be informed of any restrictions or medical conditions that will impact my child's well-being during riding week, i.e., seizures, asthma, allergies, etc. Please initial here: \_\_\_\_\_
- I give Horses for a Change staff permission to apply topical insect repellent and/or sun block that I will provide. Please put your child's name on the product's original plastic container with a permanent marker.
- I understand that Horses for a Change or Frog Hollow Farm are not responsible for lost belongings. Items will be held for two weeks after the riding week has ended. If the child's name is on the item, we will call to notify.
- Horses for a Change may use photographs of this child for publicity and/or promotional materials. YES NO

I have read, completed, and agree to the information on this Health & Permission Form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

HEALTH HISTORY INFORMATION (see other side):

*Please complete both sides of this document.*