



Health History and Waiver Form

Dates of Camp Attendance: _____

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form **MUST** be filled out by parents/guardians of minors or by adults themselves. Each camper must provide a record of their most recent physical exam and immunizations dated within the past 24 months (parents typically received a copy of this at their child's annual pediatric check-up). All forms must be received by the first day of camp. If these forms are not received, your child will not be allowed to attend camp per Board of Health Regulations. All camps must comply with regulations of the Massachusetts Department of Public Health to be licensed by the local Town of Holliston Board of Health. Lil' Folk Farm's first concern is the safety of the children who participate in our programs. Copies of background checks, health care and discipline policies are available upon request from the Camp Director.

Name: _____

Last

First

Middle

Birth Date: _____ Age at Camp: _____ Gender: M F

Home Address: _____
Street Address City State Zip Code

Custodial Parent/Guardian: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____ email address: _____

Second Parent/Guardian: _____

Home Address: _____
Street Address City State Zip Code

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____

If not available in an emergency notify: _____

Relationship: _____ Address: _____

Home Phone #: _____ Cell Phone #: _____

Willow Brook Office use only :

Extended day added _____

Paid in full _____

Allergy _____

Balance owed _____ Paid _____

Copy of Physical _____

Recreation Program _____

Multiple week camper _____

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes NO

If so, indicate plan name: _____ Group/Insurance # _____

Parent/Guardian Authorization: This health history is correct and complete. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian or adult camper/staff: _____

Printed name: _____ Date: _____

Health History: The following information must be filled in by the parent/guardian or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a completed form for your records. Any changes to this form should be provided to the camp health personnel upon participant's arrival in camp. Provide complete information so the camp can be aware of your needs.

Allergies (list all known, including food, medication and/or environmental): _____

Medications Being Taken: Please list ALL medication, including over-the-counter or non-prescription drugs, taken routinely. If your child requires medication during camp hours please bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis: (check if this applies)

This person takes the following medications: (check if this applies)

Medication #1: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

Medication #2: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

Medication #3: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

A medication form MUST be filled out for each medication that is to be given at camp. Please bring all medication on the first day of camp. Be prepared to fill out a form for each medication. Campers are not allowed to bring medication to the office. This must be done by the parent or guardian.

Dietary Restrictions: Yes No List restrictions: _____

General Questions: If you answer yes to any of the following questions, please explain your answer in the space below.

Has or does the participant: had any recent injury, illness or infectious disease; have chronic or recurring illness/condition; have frequent headaches; ever had a head injury; ever been knocked unconscious; wear glasses, contact or protective eye wear; ever passed out during or after exercise; ever been dizzy during or after exercise; ever had seizures; ever had chest pain during or after exercise; ever had high blood pressure; ever been diagnosed with a heart murmur; ever had back problems; ever had problems with joints; have an orthodontic appliance being brought to camp; have any skin problems; have diabetes; have asthma; had mononucleosis in the past 12 months; have abnormal menstrual history? Please list any important past medical history.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. Please be advised: Any child with **special needs or physical limitations may be enrolled only after consultation with the camp director, camp operator and the health care consultant to ensure the safety of the child.** Parent/guardians are responsible for notifying staff of these special needs and/or physical limitations **prior to registration.** Does your child have any special needs that the staff needs to be aware of? If yes, please explain:

Participant's Physician: _____ Phone: _____

Address: _____

A copy of the participant's most recent immunization and physical exam record is REQUIRED. If not received by the first day of camp, the participant will not be able to participate in camp!!! Please make a photocopy of CAMPER'S immunization record / physical and send it WITH this form.

We will be taking pictures throughout the week of all children to be available online for parents to download and keep as memories of your camp week.. All pictures are the property of Willow Brook Farm and may be used in some advertising or marketing without names or personal information.

Please initial for consent _____

PLEASE READ CAREFULLY AND DO NOT SIGN UNLESS YOU FULLY UNDERSTAND.

I ACKNOWLEDGE THAT I HAVE BEEN FULLY INFORMED OF AND UNDERSTAND THE INHERENT AND ACTUAL RISKS OF INJURY INVOLVED IN HORSEBACK RIDING GENERALLY, IN LEARNING TO RIDE/HANDLE HORSES/PONIES IN PARTICULAR AND IN WORKING WITH AND HANDLING VARIOUS FARM LIVESTOCK. IN TAKING LESSONS/CLASSES/CAMP AT WILLOW BROOK FARM, DBA LIL' FOLK FARM , I ASSUME ANY SUCH RISK OF INJURY AND FURTHER, I VOLUNTARILY RELEASE WILLOW BROOK FARM, DBA LIL' FOLK FARM , ITS OWNERS, INSTRUCTORS/TEACHERS AND AGENTS FROM ANY RESPONSIBILITY ON ACCOUNT OF ANY INJURY I OR MY CHILD/ CHILDREN OR WARD MAY SUSTAIN WHILE RECEIVING INSTRUCTION, PARTICIPATING IN HORSE SHOWS, TRAIL RIDES, PONY RIDES, VOLUNTEERING OR WHILE RIDING IN CONNECTION THEREWITH, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS WILLOW BROOK FARM, DBA LIL' FOLK FARM, ITS OWNERS, INSTRUCTORS/TEACHERS AND AGENTS ON ACCOUNT OF ANY SUCH CLAIM. FURTHERMORE, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE OWNER (S) OF ANY HORSE OR ANIMAL I OR MY CHILD OR WARD RIDE/HANDLE AT WILLOW BROOK FARM, DBA LIL' FOLK FARM , ON ACCOUNT OF ANY SUCH CLAIM.

WARNING

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION 2D OF THE GENERAL LAWS.

STUDENT SIGNATURE: _____ DATE: _____ (if 18 or older)

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

SECOND PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

WHERE APPLICABLE, PLEASE HAVE BOTH PARENTS/GUARDIANS SIGN.

