

WOODLAND HORSE CENTER – CAMPER'S HEALTH HISTORY

2011 - 12 HOLIDAY CAMP

Please circle date(s) attending

MON, DEC 26; TUES, DEC 27; WED, DEC 28; THURS, DEC 29; FRI, DEC 30; MON, JAN 2

Camper's Name _____

The following information is required for a camper to attend camp.

All campers must be CURRENT on all immunizations, see www.EDCP.org (immunization).

1. Provide month & year of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school?

YES, name of school: _____

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of a Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunizations for religious reasons.

NO

CONTACT INFORMATION:

Parent/Legal Guardian _____ Phone _____

Emergency Contact Person _____ Phone _____

Camper's Physician _____ Phone _____

HEALTH INFORMATION: Provide information on any medical, psychological or behavioral conditions, medications, dietary restrictions, allergies or special needs of which we need to be aware to ensure that your child's camp experience is positive.

Parent/Legal Guardian Signature _____ Date _____