

**WOODLAND HORSE CENTER – CAMPER'S HEALTH HISTORY**

Please circle day(s) camper is attending Holiday Camp

Thurs, Dec 26; Fri, Dec 27; Mon, Dec 30; Tues, Dec 31

Child's Name \_\_\_\_\_

**STATE REGULATIONS REQUIRE THE FOLLOWING INFORMATION FOR ADMITTANCE TO CAMP.**

All campers must be **CURRENT** on all immunizations, see [www.EDCP.org](http://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](http://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 or 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.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_