

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

**please circle session(s) camper is attending in Horsemanship Camp**

**Sessions: 1, 2, 3, 4, 5**

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

**The following information is required for a camper to attend day 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 for medical or religious reasons?**

**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 or 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 or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_