

Medical Information 2020

Thank you for sending your daughter to Can-Do-It Farm Summer Camp. Below is a checklist for you to carefully go over, and fill in the information the Farm & Doctors need in case of an accident or injury during her stay at the Farm. **NOTE: A copy of your insurance card is required this season, so please copy your card, and attach it to this form for use in an emergency.** Thank you for your time in helping me care for your campers' needs. Please print clearly all information about your camper attending camp.

NAME: _____ DATE OF BIRTH: _____ age: _____
ADDRESS: _____ CITY _____
STATE: _____ ZIP _____ Home PHONE# _____
Campers' Social Security # _____ (kept confidential)

Primary phone in case of emergency is : _____

PRIMARY CELL# _____ 2ND CELL # _____

WORK# (DAD) _____ (MOM) _____ other _____

DOCTOR'S NAME: _____ PHONE # _____

***I HAVE ATTACHED A COPY OF MY CURRENT MEDICAL INSURANCE CARD**

I understand that I will be responsible for Insurance for my camper.

List any and all medical conditions (include mental and physical disorders treated at any time within past year) We keep all medical information private.

My child is currently taking medication(s) list all below...

(medications must be marked, and given to camp director at time of drop-off)

CDI Farm is not equipped to care for some disabilities. Please talk with director

Medical Condition: _____ Medication taken _____

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Medical Condition: _____ Medication taken _____

***Please use extra paper if you need more room for conditions. Attach to this sheet.**

Allergy _____ Medication taken _____

Any pre-existent condition we should know about: _____

The last known tetanus shot given: _____ (if date unknown, list year) _____

A physical is not required, but any medical condition should be noted at arrival.

***Medications and conditions are very important for the Camp to know, as this may interfere with riding ability during her stay at the Camp. Can-Do-It Farm is not equipped to handle some medical conditions which may require more assistance than the Staff can provide. When in doubt, please call the Camp Director, Candy Stokes, at 440-858-2244/440-812-3488 before registering your camper. Be sure to advise camp director if medicines begin taken may cause problems with their riding ability.**

All information is kept private unless an emergency arises. This sheet will be given to the attending Doctor in case of an emergency. If you are from out of the State, please have this form notarized. (be sure to attach a copy of your insurance card to this form..) Medications will be kept in the main Farmhouse for safe keeping.

As parents of the above child, you agree to carry medical insurance on your child. The Farm will NOT insure riders or spectators. All medical bills will be the responsibility of the Parents of campers. Ohio 2305.321 code. I have read, and understand, and have filled out to the best of my knowledge, this form...

Thank you for your time in filling in this form. I appreciate it. Ohio code is posted on Farm

X Mother of camper above x

Please be sure both parents sign clearly.

X Father of camper above x

*In case of death of either parent, please note in signature line. Make special notation if someone other than the biological parents have legal custody of this camper. Call if you have questions here. Please fill out both sides of this information sheet. **Registration on reverse side.**