

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 (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 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 _____