Owens Farm
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2019 SHEEP CAMP HEALTH FORM

Due on or before May 1

Please Note: This health form will require a physician's signature, indicating that the child has been examined within the past 2 years and is able to participate in camp activities.

Child's name_____Sex ___M ___F

Date of Birth_____ _____

Address_____

City_____State_____ Zip_____

Parent/Guardian Name_____

Phone numbers_____ _____ _____
home cell work

Emergency Contacts

Please provide 2 other names other than parents

1. _____
name phone relationship

2. _____
name phone relationship

Child's Physician:_____
name phone number

Health Insurance Company_____

PLEASE INCLUDE A PHOTOCOPY OF THE BACK
AND FRONT OF YOUR INSURANCE CARD WITH THIS FORM

Parent Authorization Statement

"In the event that I am unable to be reached in an emergency, I hereby authorize Caroline and David Owens and/or medical personnel selected by them to take emergency measures as needed. I understand this may include related transportation, x-rays, routine tests, treatment, and release of records as necessary for insurance purposes. The selected physician has my permission to secure and administer treatment, including hospitalization, for my child.

_____ _____ _____
Signature of Parent or Guardian Date

PLEASE TURN OVER.....

Immunizations

Date of last tetanus vaccination _____

General Information

1. Allergies? Food, medication, insects, plants, etc. ____No _____ Yes (please explain)

_____

2. Does your child have any dietary restrictions? ___No ____Yes (please explain)

_____

3. Does your child have any restrictions on physical activity? ___No ____Yes (please explain)

_____

4. Will your child be taking any medication during camp hours 9-3? We do not have a doctor or nurse on site. Therefore, we do not store or dispense medication. If your child does need medication during camp hours, a parent or guardian would need to come and provide it directly. _____

_____

5. Health history:

	YES	NO		YES	NO		YES	NO
Asthma			Diabetes			High Blood Pressure		
Cancer/Leukemia			Heart Trouble			Kidney Disease		
Convulsions/Seizures			Hemophilia			ADD/ADHD		

Other medical problems not listed?_____

Please explain any "yes" answers_____

_____

Physician's statement

"I have examined the above child within the past two years. In my opinion, the child is able to participate in an active camp program."

_____ _____

printed physician's name **physician's signature**

_____

date