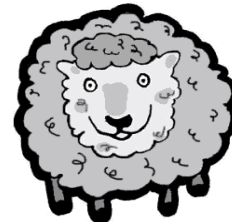


Owens Farm
2611 Mile Post Rd.
Sunbury PA 17801
570-286-5309
info@owensfarm.com
www.owensfarm.com

2017 SHEEP CAMP HEALTH FORM

please return by May 1 with balance of payment for camp



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