

MCF Equestrian Health Information and Consent Form

Camper and/or Student's full name: _____ Gender M F DOB: __/__/____

_____ Dates of Camp _____

Parent/Guardian _____
Phone _____ Work _____ Cell _____

Emergency Contact (relation) _____
Phone _____ Work _____ Cell _____

Current Physician of child: _____ Phone _____

Health Insurance Co.: _____
Policy No.: _____ Name of member _____

Has your child been exposed to any communicable disease in the past 6 months? Yes No
(If yes, please specify) _____

To the best of my knowledge, this child is healthy and fit for an active camp program. Yes No

Date of last Tetanus Shot (mm/dd/yyyy) _____

Are immunizations current? Yes No

Previous hospitalizations/surgeries: _____

Limitations of activities by physician's advice (i.e. swimming, hiking, etc.): _____

The camper is currently experiencing or has recently had problems with:

Allergies:

_____ Hay Fever
_____ Ivy Poisoning, etc.
_____ Insect/bee stings
_____ Penicillin
_____ Other Drugs
_____ Asthma
_____ Other (Please specify)

Other:

_____ Frequent Ear Infection
_____ Convulsions
_____ Diabetes
_____ Bleeding/Clotting Disorders
_____ Restricted Diet (please be specific
in order to help our kitchen staff)

Neuro/Psychological:

_____ ADD/ADHD
_____ Epilepsy
_____ Concussion

Medications

Type of Medication _____

How to Administer _____

Purpose of Medication _____

Other comments _____

Please note that the medication must be in original container with the label still intact.

Consent Form

Medical Release: The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to an MCF Equestrian employee and/or volunteer and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Liability Release: In consideration of being permitted to participate in any way in the activities at and to attend MCF Equestrian, I, for myself, my child, my heirs, personal representatives or assigns, do hereby release wave, discharge, and covenant not to sue MCF Equestrian, Emily Andrews, its officers, employees, and agents, from liability from any and all claims including the negligence of MCF Equestrian, Emily Andrews, its officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to the activities and attendance at MCF Equestrian. The participation in activities at MCF Equestrian carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at MCF Equestrian require a high level of physical fitness, I warrant that my child is physically fit and able to participate in all activities except those listed above. I also agree to INDEMNIFY AND HOLD HARMLESS MCF Equestrian, Emily Andrews, its officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities at MCF Equestrian. including any claim asserted by my child after he/she become an adult. I also acknowledge that I have read the above and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing freely and voluntarily and intend by my signature to a complete and unconditional release of all liability to the greatest extent allowed by law.

Publicity Release:

I give MCF Equestrian permission to audio, video, and photography of this registering student and/or camper for the purposes of MCF Equestrian sales and promotions without compensation or approval rights (i.e. brochure mailings, highlight promotional videos, and photos for our website and/or social media platforms).

Releaser Signature (Parent/Guardian): _____ Date: _____