Strong River Health Certificate

Camper's Name	Session	_	
Date of Birth	Boy/Girl Age		
Address			
Primary Parent Contact Info	Secondary Parent Contact I	nfo	
Name	Name		
Relationship to camper:	Relationship to camper:		
Home Phone	Home Phone		
Work Phone	Work Phone		
Cell Phone	Cell Phone		
If not available in an emergency, notify:			
Name	Phone		
Does your child have any health problems?			
Is your child on any medications?			
Does your child have any wounds which will re (if yes, please bring the necessary supplies)	quire dressing/bandaging?		
Allergies: Hay Fever Milk Insect Stings Pean Are you bringing an Epi-Pen?	uts Penicillin Other?		
Are Immunizations current? Yes No Tetan	us ? (e.g. DTaP, Td or Tdap) Yes No		
Comments:			
I give permission to the camp medical staff to s grant permission for emergency treatment and the camp medical staff. I understand I am final to my child.	l / or hospitalization if such is deemed n	ecessary by	
Signature of Parent:	Date:		
Insurance Company	Policy #		
Physician Name	Phone#		

STRONG RIVER CAMP & FARM

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Camper Name:			Session:		
Strong River exercises every horseback riding, but the caccidents. Parents who wis and mail it to the camp. Per permit signed by a parent owithout this formality.	amp cannot be r h their camper t rsons under the	esponsible for o ride should si age of 18 must	have a riding		
"I have read the above statement and hereby authorize Strong River to permit my son or daughter to ride horseback at Strong River Camp and Farm. This permission is valid until revoked by me."					
Parent's signature:		Date:			
Strong River's ropes course elements. These are construents wooden beams, and tires so the object of the low elements. The purpose of the high electon fidence. The staff has be as the safety harnesses, held our course has passed an a	ucted of cables, i uspended betwe ents is to promo ive problem solv ements is to enco een professional lmets, and belay	ropes, een trees. te group ring skills. ourage self- ly trained to op r system require	ed for the high elements.		
"My child has my permiss permission is valid until r			pes Program. This		
Parent's signature:			Date:		