



MEDICAL INFORMATION

Please Print

Name of Applicant: _____

Please list 2 persons to contact in case of an accident or illness

1) Name: _____ Ph #: _____

(Parent/Guardian or next of kin)

Relationship to applicant: _____

2) Name: _____ Ph #: _____

(Alternate if above is not available)

Relationship to applicant: _____

Circle: AB, BC, Sask., NWT, Yukon, MB or Other: Health Care #: _____

Is applicant on medication or treatment, and if so, what? _____

Have you taken your child off their meds before camp? _____ If "Yes" please give us some details: _____

Any additional information (past medical history, falls from a horse, etc.)? _____

We are **not** allowed to give any meds to your children, no Aspirin, Advil, prescription drugs etc. If your child is on meds they must be able to monitor their doses by themselves. If you want to send a small care pkg. of Tylenol, Benadryl etc. you child must take care of the administration of it.

In the event of any injury or illness, I authorize the Ranch staff or their designate to seek and obtain such emergency or medical services as may be deemed necessary at the time.

Date

Signature of parent /guardian if applicant is under 18 yrs.