

MEDICAL EMERGENCY CARD

RIDER'S NAME: _____

DATE OF BIRTH: _____

MALE/FEMALE: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

NAME OF PARENTS:

FATHER _____ PHONE: _____

MOTHER _____ PHONE: _____

If parents cannot be reached, please list two people who will assume temporary care of your child in case of illness, injury, etc.

NAME: _____ RELATIONSHIP _____

PHONE: _____

NAME _____ RELATIONSHIP _____

PHONE: _____

Please list any medical conditions that your child has:

Does your child have any allergies/ asthmas? If so, please list:

Do we have permission to give the following medications to your child if necessary?

TYLENOL - YES/NO, IBUPROFEN - YES/NO, TUMS - YES/NO

BENADRYL - YES/NO, COUGH DROPS - YES/NO

SUNSCREEN - YES/NO ,

ANTIBACTERIAL OINTMENT/NEOSPORIN - YES/NO

In case of an accident or serious illness, I request High Meadows Farms to contact me or the persons whose names I have given. High Meadows Farms may make whatever arrangements necessary, which may include emergency medications and/or making provisions for transportation of my child to the hospital for treatment. Parents are responsible for incurred expense.

To ensure the health and safety of your child, pertinent medical and or custody information will be shared with appropriate High Meadow Farms staff.

Signature of Parent or Guardian_____

ANY MEDICAITONS BROUGHT TO CAMP MUST BE GIVEN TO A HIGH MEADOWS FARMS STAFF MEMBER TO DISTRIBUTE TO THE CHILD AS NEEDED. PLEASE DO NOT ALLOW YOUR CHILD KEEP MEDICATION IN THEIR PERSONAL BAGS.