



HEALTH FORM & EMERGENCY MEDICAL INFORMATION

The Stable at Lord Stirling Park- Summer Camp
256 S. Maple Ave · Basking Ridge, NJ 07920 · 908-722-1200 Ext.5528



Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Home phone: _____

Parent/Guardian Name: _____ work: _____ cell: _____

Parent/Guardian Name: _____ work: _____ cell: _____

Birth Date ____/____/____ Male Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when a parent / guardian is not available, who should be notified?

Name _____ Relationship _____

Phone _____ Other Phone _____

If there has been a custody decision, please list the name or names of the person **NOT** permitted to pick up the child. _____

(Please provide documentation, which will be kept confidential.)

Before engaging in any physical activity, it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we may need to know the following information:

Name of Physician _____ Phone Number _____

Circle if your child has any of the following:

Allergies Specific Food Allergies Insect Allergies Medication Allergies
Diabetes Seizures Contact Lenses Dentures

Explain in detail any circled above:

Does your child carry an epinephrine pen/kit? Yes No
Can your child self-administer their epinephrine pen? Yes No
Presently taking any medications? Yes No If yes, what? _____

Is there anything else about your child we should know in order for your child to be successful? Include social, educational, behavioral, etc. _____

This medical information is correct and complete to the best of my knowledge. I acknowledge this form may be shared with medical personnel in the event of an emergency.

Signature of Parent /Guardian Please **PRINT** Signature Name Date

Completed form must be returned by **June 1, 2024.**