Monadnock Community Hospital
Care comes first

Monadnock Community Hospital Health Services
Monadnock Regional Pediatrics
2011-2012 PERMISSION TO TREAT FORM

Student Name _____

Social Security Number _____-_____-_____ Date of Birth (month, day/year): _____/_____/_____

List all known allergies: _____

List active medical conditions (e.g. diabetes, asthma): _____

Recent psychiatric, psychological care: □ No □ Yes _____

Current Medications: _____

_____

Primary Physician's name: _____ Phone Number: _____

In case of a medical emergency, serious injury or surgical illness, when immediate intervention is necessary, every effort is made to contact and inform the parents or guardians. On rare occasions, patents or guardians cannot be reached. Accordingly, parents or guardians are asked to sign the following:

We/I (insert name) _____ hereby give permission to Monadnock Community Hospital-Health Services (MCH-HS)/Monadnock Regional Pediatrics and its authorized agents in the event of illness or accident to our/my child _____ to secure and provide medical or surgical care for him/her. We hereby give permission and authorize MCH-HS/Monadnock Regional Pediatrics, its authorized personnel, or agents, physicians and surgeons to give, administer, and render any treatment or aid, including anesthesia or surgery, as necessary to protect, preserve and safeguard our/my son's/daughter's life and/or health. We/I further request _____ School, to release information as needed to facilitate the medical or surgical care of our/my child _____ and, as is necessary, to facilitate the release of information for the completion of a claim for health insurance. We/I release MCH-HS from any financial responsibility for the above-referenced treatment.

Parent/Legal Guardian's name	Date	Parent/Legal Guardian's name	Date
Mailing address		Mailing address	
City/State/ZIP		City/State/ZIP	
Home Phone #	Business Phone #	Home Phone#	Business Phone #
Cell Phone#	E-mail address	Cell Phone #	E-mail address

In case of emergency, if we are unable to contact either of the above, please provide alternate contacts:

1st emergency contact (name, phone #): _____

2nd emergency contact (name, phone #): _____

HEALTH BILLING INFORMATION

Name of person responsible for payment: _____ **Phone Number:** _____

Home address of this person: _____

City_____ State_____ Postal Code_____ Country _____

_____ Date_____

Signature

****** Please enclose a copy of the front and back of the student's health insurance card. ******

PATIENT INFORMATION

*Patient Name:_____ *Date of Birth:_____ SS#_____

Address:_____ City:_____ State:____ Zip Code:_____

Home Phone:_____ Race:_____

Mother/Step/Guardian Name:_____ Date of Birth:_____ SS#_____

Address:_____ City:_____ State:____ Zip Code:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Occupation:_____ Employer:_____

Father/Step/Guardian Name:_____ Date of Birth:_____ SS#_____

Address:_____ City:_____ State:____ Zip Code:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Occupation:_____ Employer:_____

*Emergency Contact:_____ *Phone:_____

Patient's Insurance Information:

*Name of Insurance:_____ Phone:_____

Address:_____ City:_____ State:____ Zip Code:_____

Subscriber Information:

*Subscriber's Name:_____ *ID#:_____

*Subscriber's DOB:_____ Subscriber's SS#:_____

Subscriber's Adddress:_____ City:_____ State:_____ Zip Code:_____

Please attach a copy (front and back) of patient's insurance card(s)

Items with an "*" asterisk are mandatory and must be completed

Boo Martin
Certified Camp Director
13 Pony Farm Lane, Temple, NH 03084

603-654-6308
fax 603-654-4077
www.touchstone-farm.org

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Camper Release

(Please initial appropriate statements)

As the parent of Pony Farm camper(s) _____
I give my permission for my daughter(s) to leave camp with _____

_____ an afternoon or evening visit _____ at the end of a camp session

_____ I give the Camp Directors, Boo Martin and staff, permission to let my daughter(s) go out locally for ice cream or a meal at the invitation of a fellow camper and her parent(s).

_____ My daughter(s) has my permission to ride in Touchstone Farm Horse Shows. I understand there will be extra fees for this activity and will be responsible for them.

_____ I give my permission for my daughter(s) to attend the Cheshire Fair with camp (Session 4 only.)

_____ I give my permission for pictures of my daughter(s) to be used in Pony Farm or Touchstone Farm brochures, advertisements, or on the internet web page, blog or Facebook page.

_____ I give my permission to have my daughter(s) address, phone number and email address given out to other campers for correspondence purposes.

My daughter's email is: _____

_____
Signature of Parent or Guardian

_____
Date

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Health History and Examination Form (Page 1 of 4)

Camper Name _____
(Last) (First) (Initial)

Birth date _____ Age _____

Parent or Guardian _____

Home Address _____

City_____ State _____ Zip _____

Business Address _____

City_____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Emergency Contact: Second Parent or Other Person _____

If not available in an emergency, notify:

Name _____
(Last) (First) (Initial)

Home Address _____

City_____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

.☆☆☆ **IMPORTANT -- This section must be signed and dated for attendance.** ☆☆☆

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent or Guardian _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of minor _____ Date _____

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Health History and Examination Form (Page 2 of 4)

Health History (check & approx dates)

- ❒ _____ Frequent Ear Infections
- ❒ _____ Heart Defect/Disease
- ❒ _____ Convulsions
- ❒ _____ Diabetes
- ❒ _____ Bleeding/Clotting Disorder
- ❒ _____ Hypertension
- ❒ _____ Mononucleosis
- ❒ _____ Psychiatric Treatment
- ❒ _____ Other - Specify

Allergies (check)

- ❒ Hay Fever
- ❒ Poison Ivy, etc.
- ❒ Insect Stings
- ❒ Asthma
- ❒ Penicillin
- ❒ Other Drugs:

_____

_____

Diseases (check & approx dates)

- ❒ _____ Chicken Pox
- ❒ _____ German Measles
- ❒ _____ Measles
- ❒ _____ Mumps

Has this camper ever required any psychiatric counseling or hospitalization? ❒ Yes ❒ No

If yes, please explain _____

Operations or serious injuries and dates _____

Disability or chronic or recurring illness _____

Activities (circle) encouraged limited by a physician _____

Dietary Modifications _____

Current Medications (send with instructions) _____

Other diseases or details of above _____

Suggestions on health related information _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Date of last physical exam _____

Medical Insurance: Carrier _____

Policy/Group # _____

✰ *Please enclose a photocopy of insurance card if applicable.*

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Immunization History - Required immunizations must be determined locally.
Please record the date of basic immunizations and most recent boosters.

Vaccine	Year Immunized	Year Booster Given
Diphtheria, Pertussis, Tetanus (DPT)		
Tetanus, Diphtheria		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3 day measles)		
Tuberculin Test given (most recent)		
Haemophilus Influenza b (HIB)		

Health Care Recommendations by Licensed Physician

I have examined the above camp applicant within the past two years ❒ Yes ❒ No Date examined _____

In my opinion, the above's condition ❒ does ❒ does not preclude her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s) _____

_____

Current treatment (include current medications) _____

_____

Explanation of any reported loss of consciousness, convulsion or concussion _____

_____

Does applicant have epilepsy? ❒ Yes ❒ No Does applicant have diabetes? ❒ Yes ❒ No

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Health History and Examination Form

Recommendation and Restrictions while at camp

Any treatment to be continued at camp _____

_____

Any medication to be administered at camp (specific dosages) _____

_____

Any medically prescribed meal plan or dietary restrictions _____

_____

Any allergies (food, drugs, plants, insects, etc.) _____

_____

Additional health information _____

_____

_____

.☆☆☆ **IMPORTANT -- This section must be completed for attendance.** ☆☆☆

Licensed Physician's Signature _____

Address _____

City/State _____ Zip _____

Phone ( ) _____

Date of form completion _____

* By _____

* Initial if completed by nurse or physician's assistant.

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This form **MUST** be filled out and signed by you and your child's doctor if your camper will be taking prescription medication at camp.

Prescription Medication Authorization

I, _____, the parent or guardian of _____ who is attending Pony Farm summer camp, give my permission to Pony Farm staff to administer the following prescription medication(s) to my child according to the physician's instructions as listed.

Child's Name _____

(1) Medication_____

Condition _____

Dose _____ Schedule _____

Physician _____

(2) Medication_____

Condition _____

Dose _____ Schedule _____

Physician _____

(3) Medication_____

Condition _____

Dose _____ Schedule _____

Physician _____

Parent's Signature _____ Date _____

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Authorization to Administer
Over the Counter Medication(s) at Pony Farm

I, _____, the parent or guardian of _____ who is attending Pony Farm summer camp, give my permission to Pony Farm staff to administer the following over the counter medication(s) to my child as needed, following standard recommended dosage guidelines:

- ❒ Advil
- ❒ Benadryl, capsules or elixir
- ❒ Dimetapp Elixir
- ❒ Maalox Liquid
- ❒ Robitussin DM
- ❒ Sudafed
- ❒ Tylenol

Parent's Signature _____ Date _____

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Financial Permission Form

I understand that in addition to the camp tuition fees listed in the brochure, there may be additional fees associated with my child's stay at camp. I hereby agree to be responsible for the listed expenses below. Optional expenses are initialed by me indicating my permission. Final itemized bill will include all expenses incurred by my child at camp and will be payable in full at the close of her camp session(s).

Camper/Staff Name _____

Parent/Guardian Name _____

OPTIONAL EXPENSES:

	Parent Initials
Permission for Horse Show	
* Flat fee for horse show is $75 and a horse show and hunter derby is $100.	
Home Show(s) ❒ YES ❒ NO	_____
Away Show(s) ❒ YES ❒ NO	_____

NON-OPTIONAL EXPENSES:

Horse Vet or Farrier Expenses (for privately owned horses only)

*Credit card information is required to be on file for veterinarian charges only.

Card Type: ❒ Visa ❒ Mastercard

Name on Card _____

Card Number __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __

Expiration Date _____

Possible additional expenses may include:

Medical Treatment and Medication given to my child

Miscellaneous supplies (i.e. toothpaste, film)

✧ Note: There will be camp pictures available for purchase (optional of course) at the close of the camp session.

Parent's Signature _____ Date _____

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Riding Experience

My name is _____. I am _____ years old.

I have been riding for _____. Height _____ Weight _____

I take lessons every _____.

In my lessons I ride with/without (circle one) other people.

When I jump, I usually jump _____.

When it comes to horse shows, I _____

_____.

Last summer at camp I rode _____.

I would like to ride _____ this summer because _____.

This summer I am hoping to learn how to _____

and get better at _____.

I would say I am best at _____.

I am hoping to be assigned a horse/pony (circle one) at camp because I _____

_____.

I would also like you to know that I am comfortable doing all the checked things with a horse or pony:

- ❒ put on a halter
- ❒ lead
- ❒ groom
- ❒ tack up
- ❒ pick feet
- ❒ feed
- ❒ turn out in a paddock or field

Important:

Current Riding Instructor's Name _____ Barn _____

Email: _____

City _____ State _____ Phone _____

Anything else we should know? _____

_____

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Covenant

I, as the parent of the minor child named below do, for myself, my heirs, assigns and legal representatives, in partial consideration of the acceptance of my child as a camper at Pony Farm, Inc. and/or Touchstone Farm, Inc., and being aware of the assumption of risk made in connection with horseback riding, barn chores, swimming, camp life and related activities, hereby covenant and agree with Pony Farm, Inc. and/or Touchstone Farm, Inc. to never institute any action at law or equity against Pony Farm, Inc. and/or Touchstone Farm, Inc., its owners, heirs, legal representatives, staff, Board of Directors, assigns and employees by reason of any claim which I now have or may hereafter acquire as a result of services rendered to myself and said child by Pony Farm, Inc. and/or Touchstone Farm, Inc.

The undersigned acknowledges that there exist inherent risks of personal injury in the sport of riding and the undersigned agrees to assume such risks and hold Pony Farm, Inc. and/or Touchstone Farm, Inc. harmless for any injuries incurred by the undersigned and/or their children while riding or handling horses at Pony Farm, Inc. and/or Touchstone Farm, Inc.

Name of camper or child: _____

_____
Signature of Parent or Guardian

_____
Date

_____
Witness

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Letter to My Child's Counselor

Date _____

Sessions attending 1 2 3 4 5

Camper's Name _____ Age _____

Mother's Name _____

Father's Name _____

Parent's Marital Status _____

Camper lives with (circle) Mother & Father Mother Father Other _____

Occupation: Mother _____ Father _____

This is my child's _____ year at a resident camp and her _____ year at Pony Farm.

We learned about Pony Farm from _____

We want our child to go to camp because _____

While she is at camp we hope she will _____

_____

She is most happy when _____

She is most apt to be timid or afraid about _____

With regard to her eating habits and food preferences, you should be aware that _____

_____

She is ALLERGIC to _____

Special attention or note _____

_____

_____

_____
Signature of Parent or Guardian

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Your picture …
so we can get acquainted.

☺

Letter to My Counselor

Date _____

Sessions attending 1 2 3 4 5

Dear Counselor,

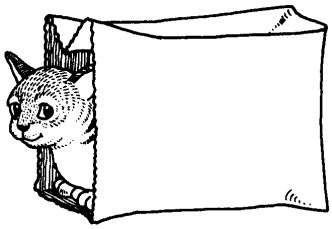
My name is _____

My friends call me _____

I would describe myself as (circle those that apply)

Quiet Rowdy Outgoing Shy Athletic Non-athletic

Other _____



Don't be shy!
Let the cat out of the bag and help us get to know you!!

In June my age will be _____ years and _____ months. I will have finished _____ grade in school.

I weigh _____ and am _____ inches tall.

I am coming to Pony Farm because _____

_____

I hope to be able to do the following things at camp this summer _____

_____

What I *don't* want to do at camp is _____

_____

During my free time at camp I would like to _____

My best friends are those who _____

I am afraid of _____

_____
Camper's Signature

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