



Positively Changing Lives!

Forms for Pony Farm Summer Camp

Dear Camp Families,

We can hardly wait for summer and our Pony Farm campers to arrive! We have so many fun activities in the works for this year's camp sessions, and we're chomping at the bit (so to speak) to get started.

But first, some very important paperwork for you to complete. Not only do these forms record essential health information about your child, they also help us get to know her in other ways. We use the information you provide to make the best decisions about roommates, riding lesson groups, horse selection, and other important aspects of your child's camp experience.

Use this checklist to make sure that you complete all the necessary forms. If you have questions, please contact Kris Young at pfcamp@touchstone-farm.org or call 603-654-6308.

✓ Form Name	To Be Completed By
<input type="checkbox"/> Letter to My Counselor	Camper
<input type="checkbox"/> Letter to My Child's Counselor	Parent
<input type="checkbox"/> Riding Experience	Parent, Camper, Camper's Home Trainer
<input type="checkbox"/> Touchstone Covenant and Releases	Parent
<input type="checkbox"/> Camper Release	Parent
<input type="checkbox"/> Financial Permission <i>required for all campers</i>	Parent
<input type="checkbox"/> Prescription Medication Authorization <i>Required only if camper will be taking prescription medication while at camp</i>	Parent
<input type="checkbox"/> Authorization to Administer Over-the-Counter Medication	Parent
<input type="checkbox"/> Health History and Examination Form <ul style="list-style-type: none"> ● <i>Parent and camper must complete and sign page 1.</i> ● <i>You may submit a copy of the camper's most recent physical, with physician signoff, in place of pages 2-5.</i> ● <i>Please include a photocopy of both sides of your health insurance card.</i> ● <i>Please include a photocopy of your child's Covid-19 vaccination card.</i> 	Parent, Camper, Camper's Physician
<input type="checkbox"/> Monadnock Community Hospital and Monadnock Pediatrics Permission to Treat and Patient Information <i>Should your camper need medical treatment, having these forms completed in advance greatly simplifies the process.</i>	Parent

Please complete all forms, with signatures where indicated, and **return them to us by June 1**. Mail or e-mail all forms to: **Kris Young** kyoung@touchstone-farm.org, Touchstone Farm, 233 Old Temple Rd, Lyndeborough, NH 03082 or pfcamp@touchstone-farm.org



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Letter to My Counselor

Date _____

Sessions I am attending (circle) 1 2 3 4 5

Dear Counselor,

My name is _____

My friends call me _____

I would describe myself as (circle those that apply)

Quiet Rambunctious Outgoing Shy Athletic Creative

Other: _____

When I'm at camp, my age will be _____ years and _____ months.

I will have finished _____ grade in school. I weigh _____ lbs 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:

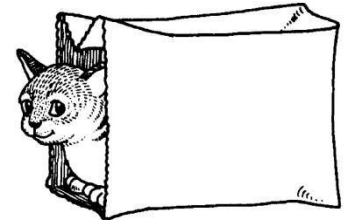
What I *don't* want to do at camp is: _____

During my free time at camp I would like to: _____

My best friends are those who: _____

I am afraid of: _____

Camper's Signature: _____



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



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Letter to My Child's Counselor

Date _____

Sessions camper is attending (circle): **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 residential 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 know _____

She is **ALLERGIC** to _____

Special attention or note _____

Signature of Parent or Guardian _____



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Riding Experience

Name: _____ Age: _____ yrs old. Height: _____. Weight: _____ lbs.

How long have you been riding for? _____

How often do you ride? _____

If you take lessons, do you take group lessons or private lessons? _____

If you participate in horse shows, what classes do you compete in? _____

What type of temperament do you like in a horse/pony? _____

Please check all that apply to your riding ability:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Never ridden | <input type="checkbox"/> Posting trot comfortably | <input type="checkbox"/> Trotting 1-2 cross rails | <input type="checkbox"/> Canterng 3-4 fences |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Beginning to canter | <input type="checkbox"/> Canterng 1-2 cross rails | <input type="checkbox"/> Canterng courses of 6-8 fences |
| <input type="checkbox"/> Working on posting trot | <input type="checkbox"/> Canterng comfortably | <input type="checkbox"/> Trotting 3-4 fences | <input type="checkbox"/> Have jumped full course of 2'6 or higher |

If you jump, how high do you jump? _____

What do you want to work on this summer? _____

What horse/pony did you ride last summer? _____

Do you have a request of who you want to ride this summer? Why? _____

Anything else we should know about your riding? _____

Note to current riding instructor/trainer:

Please review the information your student has provided above and make any changes that you feel are appropriate. Please add a few notes about this student and sign below. Thank you!

Current Riding Instructor/Trainer Signature:

Name _____ Barn _____ City/State _____



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Touchstone Farm Covenant

_____, of _____,
(Participant, Parent or Legal Guardian) (Physical Address)

for myself and for my heir legal representatives, and assigns, in partial consideration of the acceptance of

_____ for participation in the **Touchstone Farm Inc., Pony Farm or Horse Power**
(Participant's Name)

Programs and/or associated activities, and being fully and completely aware and knowledgeable of the assumption of risk of personal injury which I seek to make by becoming a member of the **Touchstone Farm Inc., Pony Farm or Horse Power** Program do, for as long as I remain a member of the **Touchstone Farm Inc., Pony Farm or Horse Power** Program or use its facilities, equipment and amenities, covenant with the **Touchstone Farm Inc., Pony Farm or Horse Power**, its heirs, legal representatives and assigns, to never institute any suit or action at law or in equity against the **Touchstone Farm Inc., Pony Farm or Horse Power**, by reason of any claim which I now have or may hereinafter acquire relating to personal injuries which may be sustained by me/my child arising from participation in the **Touchstone Farm Inc., Pony Farm or Horse Power** Programs and use of the facilities provided by the "Touchstone Farm Inc., Pony Farm, or Horse Power."

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

I expressly reserve all legal remedies arising from tortious injuries intentionally or with malice, and expressly reserve any and all rights, causes of action, claims and demands against any person, firm or corporation other than the **Touchstone Farm Inc., Pony Farm or Horse Power** its owners, heirs, legal representatives, staff and assigns and employees.

Signature _____ Date _____

Witness _____ Date _____



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Liability Release

(Participant's name) _____ would like to participate in the **Pony Farm or Horse Power Program or any other lesson, clinic, or certification at Touchstone Farm.** I acknowledge the potential risk of horseback riding, vaulting or driving. However, I feel that the possible benefits to my child are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against **Touchstone Farm Inc., Pony Farm or Horse Power**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses my child may sustain while participating in **Touchstone Farm Inc., Pony Farm or Horse Power.**

Signature: _____ Date: _____
(Participant, Parent or Legal Guardian)

Photo Release

Participant's Name: _____ Date: _____

I hereby consent to and authorize the use and reproduction by **Touchstone Farm Inc., Pony Farm or Horse Power** of any and all photographs and any other audiovisual materials taken of me/my child for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Participant, Parent or Legal Guardian)



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Camper Release

As the parent of Pony Farm camper(s) _____

Please initial appropriate statements below.

_____ My daughter(s) has my permission to go on field trips while at camp including by not limited to going to the Wilton Falls, Goss Park, and Rosaly's Berry Picking Farm.

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

Signature of Parent or Guardian

Date



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Financial Permission

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 Pony Farm. I hereby agree to be responsible for the expenses listed below. Optional expenses are initialed by me indicating my permission. I understand that I will receive via email a final itemized bill including all expenses incurred by my child at camp and the total amount will be charged to my credit card at the close of her camp session(s) using the information I provide below.

Camper Name _____

Parent/Guardian Name _____

Additional Expenses: *Possible additional expenses incurred during my child's stay include:*

- Medical treatment and medication given to my child
- Postage and Miscellaneous Items
 - Any return of forgotten items will be a minimum charge of \$15
- Horse vet or farrier expenses (for privately owned horses only)

Credit card information is required to be on file. Card Type: Visa Mastercard Amex Discover
A 4% processing fee will be added to all credit card payments.

Name on Card _____

Card Number ____ / ____ / ____ / ____

Expiration Date _____ Security Code (3 digits) ____

Cardholder Signature _____ Date _____



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Prescription Medication Authorization

All prescription medications must arrive in their original, labeled prescription bottles. Over-the-counter medications should be clearly labeled with camper's name and instructions for administration. Please verify that inhalers are not expired. If your child needs pills to be cut, please cut them in advance, or provide a pill cutter for her exclusive use. Thank you.

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.

(1) Medication _____

Condition/Reason _____

Dose _____ given at (circle all that apply): Breakfast Lunch Dinner Bedtime

Physician _____

(2) Medication _____

Condition/Reason _____

Dose _____ given at (circle all that apply): Breakfast Lunch Dinner Bedtime

Physician _____

(3) Medication _____

Condition/Reason _____

Dose _____ given at (circle all that apply): Breakfast Lunch Dinner Bedtime

Physician _____

Parent's Signature _____ Date _____



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Authorization to Administer Over-the-Counter Medications

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:

- Ibuprofen
- Tylenol
- Benadryl, capsules or liquid
- Tums
- Cough Drops
- Cortisone Cream
- Calamine Lotion

Parent's Signature _____ Date _____



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Health History and Examination Form, page 1

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

Health History (check & approx dates)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorder
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment
- _____ Other, please 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 tested positive for COVID-19? _____ If yes, when? _____

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 limited by a physician _____

Dietary modifications

Current medications (complete Prescription Medication Form 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 # _____

Member ID # _____ **Please enclose a photocopy of both sides of insurance card if applicable.**



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Health History and Examination Form, page 3

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

Has this camper been vaccinated for COVID-19? _____ If yes, what dates? _____

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 year. 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, page 4

Recommendations 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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Health History and Examination Form, page 5

Covid-19 History

Has this camper ever tested positive for COVID-19? _____ If yes, when? _____

Has this camper been vaccinated for COVID-19? _____ If yes, see below.

Covid-19 Product/Manufacturer Name	
Date of 1st Dose	
Date of 2nd Dose	
Date of 3rd Dose	

Please enclose a photocopy of your child's vaccination card if applicable.



**Monadnock Community Hospital Health Services
Monadnock Regional Pediatrics
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, parents 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 _____

Signature _____ Date _____

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