



Positively Changing Lives!

www.touchstone-farm.org  
info@touchstone-farm.org

Tel. 603.654.6308

233 Old Temple Road  
Lyndeborough NH 03082



## 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, but 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](mailto: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"> <li>• Parent and camper must complete and sign page 1.</li> <li>• You may submit a copy of the camper's most recent physical, with physician signoff, in place of pages 2-5.</li> <li>• <b>Please include a photocopy of both sides of your health insurance card.</b></li> <li>• <b>Please include a photocopy of your child's Covid-19 vaccination card.</b></li> </ul>	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: **Grace Sundstrom, [gsundstrom@touchstone-farm.org](mailto:gsundstrom@touchstone-farm.org)**, Touchstone Farm, 233 Old Temple Rd, Lyndeborough, NH 03082 or **[pfcamp@touchstone-farm.org](mailto:pfcamp@touchstone-farm.org)**.



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## Letter to My Counselor

Date \_\_\_\_\_

Sessions I am attending (circle) 1 2 3 4

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: \_\_\_\_\_

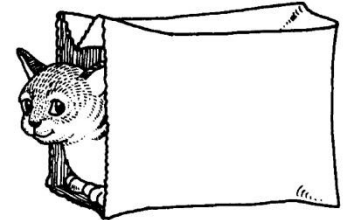
My best friends are those who: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_



A recent photo of you –  
so we can get acquainted!



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

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Date \_\_\_\_\_

Sessions camper is attending (circle): **1** **2** **3** **4**

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

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(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

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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

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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

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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

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### 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.**