

Welcome to Summer Camp 2019 at Blue Rider Stables!

Dear Parent/Guardian:

Thank you sending your child to Blue Rider this summer. Please complete and return the attached Health History and Assumption of Risk forms as soon as possible. Please, **attach your child's most recent Immunization Record**. Parents are encouraged to review background check, health care, discipline policies and grievance procedures upon request.

Every day, **every child**, needs to have:

- Water (reusable water bottles are great!)
- Sunscreen and bug spray
- Healthy snack (and lunch if full day)
- Closed-toed shoes
- Tee shirt – **no tank tops please!** Shoulders must be covered for safety in the barn.
- Long pants are optional. Keep in mind that we ride bareback. If your child is uncomfortable with horsehair, dirt, bugs, etc. on their legs, they should wear pants.

Our program runs rain or shine!

Please call or send a note if:

- Your child will be picked up by someone other than an individual listed on page 5 under Pick Up/Release (**written consent only**)
- If your child will be missing a day of camp.
- If they will be picked up early or dropped off late

The barn phone number is **413-528-5299**, or you can send us an email at info@bluerider.org

Thank you!

The Blue Rider Team

Day Camp Health History Form

Instructions: A parent/guardian must complete this form for the camper. Attach any additional information, including a copy of the camper's immunization and physical exam records, asthma/allergy plans, copy of health insurance card, or other needed information.

Camper Information:

Name: _____ ○Female ○Male ○Other
Last First Middle Nickname

Birth Date: _____ Weight _____ Height: _____
Month/Day/Year

Camper Mailing Address: _____
Street Address City State Zip Code

Local or Summer Address during camp, if different

_____ Street Address City State Zip Code

Custodial Parent/Guardian	Additional Emergency Contact <small>(Required! Someone who knows the camper well, and can assist in reaching the guardian)</small>
Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____
Day Phone: _____	Cell Phone: _____
Evening Phone: _____	Alternate Phone: _____
Cell Phone: _____	Address, if different _____
E-mail: _____	_____
Address, if different: _____	_____

Health Care Provider:

Primary Care Provider: _____ Phone: _____

Name of Practice: _____ Address: _____

It is mandatory to attach a copy of the camper's updated immunization record.

- Camper is not immunized, please, send me Immunization Waiver.**
Please be advised that we reserve the right to restrict participation for campers not fully immunized in case of a public health outbreak.

Medical Insurance: This camper is covered by health/accident insurance or Medicaid. ○Yes ○No

You must provide health insurance information below, and attach a copy of the front and back of the camper's health insurance card(s).

Insurance Carrier/Plan: _____ Policy No. _____

Subscriber Name: _____ Relationship to camper: _____

Restrictions:

- I have reviewed the Camp’s program/activities and feel the camper can participate without restrictions
- I have reviewed the Camp’s program/activities and feel the camper can participate with the following restrictions or adaptations. (Please describe and speak with the Camp Director)

General Health History:

Check the relevant boxes if your camper

1. Has been hospitalized/had surgery in the past 2 years, have chronic illness or recent injury.
2. Has asthma or diabetes?
3. Wears glasses, contacts or protective eyewear?
4. Has frequent nose bleeding?
5. Had mononucleosis during the past year?
6. Has ever been treated for Lyme disease?
7. Has ever been stung by a bee?
8. Has any skin problems?
9. Has a phobia?

Explain in the space below, noting the number of each question requiring response. Attach additional pages or contact Camp Director to provide additional information if needed.

Mental, Emotional and Social Health History:

Check Yes or No for each statement. Explain “Yes” answers below. Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?
Yes No
2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder?
Yes No
3. Used an individualized education plan (IEP) during the previous school year?
Yes No
4. Speak a primary language other than English?
Yes No

Explain “Yes” answers in the space below, noting the number of each question requiring response. Attach additional pages or contact Camp Director to provide additional information if needed.

To better care for your camper:

Provide information about camper’s behavior or physical, mental, emotional and social health that you think is important or that may affect the camper’s ability to participate in Camp (shyness, learning style, etc.) List any strategies used to manage concern or enhance the camper’s ability. All info will remain confidential.

Medications at home: This camper does not take medications regularly at home

This camper takes the following medications at home: _____

Daily: Seasonally: Other:

Medications at Camp: This camper will not bring any medications to camp

This camper will bring medication to camp

If your camper requires the administration of ANY medication during Summer Camp hours, please contact Christine Sierau at 413 528 5299 to discuss our policy. Medications including over-the-counter medications are prohibited without prior authorization from our staff and a written authorization form on file.

Asthma Emergency Medications:

This camper does not have asthma emergency medications.

Include a copy of the camper’s asthma action plan. Contact the camp director if you have any questions.

This camper needs asthma medication only for respiratory illness and will not bring it to camp unless a parent/guardian notifies the camp.

This camper will bring asthma medication to camp but does not need to have it nearby at all times. The medication may be stored in the medication box (MB) in the office. **Parent/Guardian Signature:**

 This camper will bring asthma medication to camp and should have it nearby at all times in the camp pack (P). Camp staff must monitor each dose. **Parent/Guardian Signature:** _____

This camper will also bring: nebulizer spacer

Name of Medication	Amount/dose	Route (ex: inhaled)	When it is given

Allergy Emergency Medications:

Allergies:

No Known allergies

This camper is allergic to: Food Medicine Environment (hay fever, insects, etc.) Other

(Describe the allergy and the reaction seen)

If camper has an anaphylactic allergy, include a copy of the camper’s allergy action plan. We cannot guarantee that any area at camp is allergen-free.

Diet and Nutrition:

- No dietary restrictions
- This camper has special food needs (describe below)

- This camper does not have allergy emergency medications.
- Include a copy of the camper’s allergy action plan. Contact the camp director if you have any questions.
Provide two EpiPens bearing the original pharmacy labels
- This camper will bring allergy emergency medication but does not need to have it nearby at all times. The medication may be stored in the medication box (MB) in the office.
Parent/Guardian Signature: _____
- This camper will bring allergy emergency medication and should have it nearby at all times in the camp pack
Camp staff must monitor each dose. Parent/Guardian Signature: _____
- This camper has been trained to administer his/her own EpiPen. (Required for age 5+)
- This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur.
- This camper does not recognize and report the onset of an allergic reaction. Call the Camp Director today!

Name of Medication	Amount/dose	Route (ex: inhaled)	When it is given
Benedryl/ diphenhydramine			
EpiPen/ EpiPen Jr			

Release/Pick Up:

My camper may be released to the following adults (include carpool drivers or those who may pick up in an emergency.) Include first and last names (John/Susan Lee, not “the Lees”).

- 1. Name _____ Relationship: _____
- 2. Name _____ Relationship: _____
- 3. Name _____ Relationship: _____

The parent/guardian’s responsibility to send a note if there is any changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with staff until the parent/guardian has been contacted and given permission for the release.

Are there specific people to whom the camper may not be released to?

- Yes
- No

If yes, please, notify the Camp Manager in writing.

Medical Waiver and Authorization:

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Massachusetts law, I authorize Blue Riders' designated healthcare staff to administer as listed above Medications at Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label. Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct. (A copy of the insurance card must be provided if the camp program includes an overnight or off-site trip.)

Release/Pick-up: I understand the release policy as described and authorize Blue Rider to release my child to the people/methods listed above.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to Camper: _____

BLUE RIDER



STABLES INC.

**2019 SUMMER PROGRAM
ASSUMPTION OF RISK AGREEMENT AND RELEASE**

The undersigned assumes all responsibility for and all risk of damage or injury that may occur to the undersigned as a participant in horseback riding and any and all related activities while attending riding classes, participating in exercises or using Blue Rider Stables' equipment or facilities, following riding instruction or pleasure trail riding in or out of Blue Rider Stables' location. In consideration of using Blue Rider Stables' facilities and equipment, the undersigned hereby forever release and discharges Blue Rider Stables and their owners, employees, agents, successors and assigns from all claims, demands, costs, causes of action, present or future, whether known, anticipated or unanticipated and resulting from, arising out of or incident to, the undersigned's use or intended use of Blue Rider Stables' facilities, equipment and animals in such place or as a result of or incident to, engaging in riding, use of equipment, doing exercises or otherwise following riding instruction at any place in whatever way connected to Blue Rider Stables, its agents, officers, volunteers, employees, successors or assigns. I further accept and agree while operating and riding to be bound by all orders, rules and regulations of Blue Rider Stables whether transmitted verbally or in written form.

Warning - Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

I have read, understood and sign the foregoing Assumption of Risk Agreement and Release in full knowledge and acceptance of its statements, terms, conditions and implications.

SIGNATURE: _____ DATE: ____/____/____
(Parent or Legal Guardian MUST sign for any child under 18 years old)

PRINT PARENT/GUARDIAN NAME: _____

PLEASE PRINT LEGIBLY

NAME OF RIDER: _____

MEDIA RELEASE

- I, _____ (please print rider's full name), **consent** to and authorize Blue Rider Stables the use of any and all photographs, video, voice recordings, or other media taken of me, and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity. I also consent to the use of my name or likeness in such manner as the non-profit organization may deem advisable for the purpose of promotion and education.
- I, _____ (please print rider's full name), **DO NOT consent** to Blue Rider Stables using any and all photographs, video, voice recordings or other media taken of me.

(Signature of Rider/Parent/Guardian)