



Health Release

Parent or Legal Guardian please fill out, sign & return in order to attend camp.

Name _____ Age _____ Weight _____ Height _____

Emergency Release Statement: In Case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Fantasy Farms to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child named above. I, therefore, sign my signature:

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Insurance Company Name _____

Group, Plan or ID # _____ Name of Doctor _____

Parent/Guardian Cell Ph _____ Parent/Guardian Work Ph _____

Parent/Guardian Home Ph _____

Emergency Contact #1 _____ Relationship _____

Emergency Contact #2 _____ Relationship _____

Current on immunizations? Yes / No

Date of Last Tetanus _____

Religious/Health Exemptions? Yes / No

Is appendix removed? Yes / No

Is camper subject to asthma? Yes/No

Hay Fever? Yes / No

Diabetes? Yes / No

Convulsions/Seizures? Yes / No

Please describe any physical or mental limitations the student possesses which may require special care or treatment _____

Please list any allergies to drugs, insects, plants, animals, food, etc. _____

Any medications your child is taking? Include all directions concerning medications that your child may need _____

Please mail form & payment to: Fantasy Farms, P.O. Box 929, Aumsville, OR 97325. Thank you.



Any health/emotional/behavioral/dietary issues? _____

Please indicate if you do not want your child's photo used in future advertising or web site _____
