

Longview Ranch Camper Health Record

Camper's Name _____ Age _____ Sex _____ Birth date _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian _____ Day Phone _____ Home Phone _____
2nd Parent Contact _____ Day Phone _____ Home Phone _____
In case of emergency notify _____ Relationship _____
(other than parent)
Home Phone _____ Day Phone _____

Health Information:

Is child subject to:

- | | | | |
|------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Nosebleed | <input type="checkbox"/> Abscessed ears | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Earache | <input type="checkbox"/> Stomach upsets | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Bed-wetting |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Poison Ivy/Oak/Sumac |
- Other: Please describe _____

| Please list any allergies to foods, meds, etc. | Reaction | Degree Severe to mild |
|---|-----------------|------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Medications: All medications other than those needed on an immediate basis by the camper will be kept in the possession of the camp nurse. Please send medications in their original container (prescription bottle). Please list all meds currently used by the camper.

| MEDICATION | DOSE | TIMES A DAY |
|-------------------|-------------|--------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Do we have permission to give child over the counter medicine as needed, not exceeding the recommended dosage for age/weight? Tylenol Ibuprofen Benadryl Motrim

To meet Tennessee Department of Public Health standards the following immunizations are required and must be current: Last Tetanus immunization _____ (booster every 10 years after initial immunization)
Polio _____ (at least 4 shots by kindergarten)

Please provide us with any other health information about the camper that would be helpful:

EMERGENCY CARE AUTHORIZATION: This health information and history is correct so far as I know. In case of an emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached or if the urgency of circumstances makes it necessary, I hereby give permission to the physician selected by the camp director or his designee to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the above named child.

Signature of Parent/Guardian: _____ Date: _____

Insurance Company: _____ Policy # _____

Child's Physician: _____ Phone _____

Longview Ranch, Inc.

Release of Liability for _____
(please print full name of camp participant)

I understand that the individual named above will be attending Longview Ranch and will be participating in various camp programs that may include out door recreational activities. Camp activities may include but are not limited to: individual and group sports activities, swimming, river tubing, skiing, canoeing, horse back riding, paint ball games, mountain biking, participation in obstacle courses, off site ropes courses, hiking and other recreational activities. Camp activities may occur at Long View Ranch or at such other specified facilities/locations that Longview Ranch has determined are appropriate for conducting those activities. I understand that these activities have inherent risk, dangers and hazards. I also understand that under **Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to the Tennessee Code Annotated, Title 44, Chapter 20.** I affirm that the individual named above is in good health, that he/she is not under a physician's care for any condition that bears upon their fitness to participate in camp activities and to my knowledge there are no other conditions that would preclude the individual from participation in the camp activities.

In consideration of Long View Ranch allowing the above named individual to attend the camp, I hereby release Longview Ranch, Inc., it's owners, management, and staff from any and all liability for any injury related to attendance and/or lodging at the camp, transportation to and from the camp, and participation in any camp or camp sponsored programs.

I understand that children may be photographed or filmed while participating in camping activities and that these photographs or film may be used in print or in other media to promote Longview Ranch.

I hereby attest that I am the parent or legal guardian for the individual named above and that I have the authority to grant this waiver and release of liability.

Parent/Guardian Signature _____

Please Print Name _____

Relationship to Camper _____

Camper's Age _____ Date _____

Request for Bunk Mate:

LVR gurantees each camper can be with one friend. You may list a first and second choice. We will not put groups of four or more together. Groups of friends may or may not be in the same cabin but in a different section. Our policy is to be with at least one friend and enjoy the fun of making new friends. There are many opportunities at meals, meetings and activities to be together with campers in other cabins. Please place my child with:

1. _____ 2. _____

**PLEASE COMPLETE FORM ON BOTH SIDES AND MAIL DIRECTLY TO:
Long View Ranch • 190 Bledsoe Hollow Lane • Mosheim, TN 37818**