

Pond View Farm, LLC
Summer Horsemanship Camp 2017
Immunization and Medical Information Sheet

Name: _____ DOB: _____

Date of Last Physical _____

Physician's Name _____ Phone Number _____

Required Immunizations:

Parent or Guardian Initials

MMR	1 st Dose	_____
Measles	2 nd Dose required	_____
Polio (OPV or e-IPV)	3 Doses required (4 if mixed vaccine) Diphtheria,	_____
Tetanus, Toxoids & Pertussis (DTaP, DTP, DT, Td)	4 Doses	_____
Hepatitis B	3 Doses	_____

Please list all known allergies or sensitivities to medications, etc.: List any

other allergies:

List any medications minor possesses for daily use or as needed:

Please describe any other pertinent medical or psychological/behavioral issues or necessary information:

Parent Signature: _____

Date: _____

