

Lucky Shoe Riding Club Camp
Health Card
(Please Print)

Name: _____ Age: _____ Sex: _____

Address _____

Phone _____

City _____ State _____ Zip _____

Parent's name or legal guardian: _____

Two phone #'s in case of emergency (1) _____

(2) _____

Friend or relative _____ Phone _____

Insurance Company _____

Policy # _____ Phone _____

Please use the back of this card to list the following:

Medications currently being taken by the camper, allergies, or any special precautions to be taken at camp.

COPY OF INSURANCE CARD (BOTH SIDES)