



SEATON HACKNEY STABLES / Equishare USA, LLC

SUMMER 2026 EQUESTRIAN CAMP

Registration Packet - Health & Safety Info

Dear Parents and Guardians,

We are committed to providing a safe, healthy, and enjoyable camp experience for all children. Please review the following health and safety information carefully and complete all required forms. These measures help us protect your child and all campers in our care.

1. Food Allergies, Lunch & Snacks

Campers will have several short snack breaks throughout the day. **Snacks must be provided by families**, remain sealed/wrapped, and stay with the camper at all times. Snacks may **not** be placed in common areas. Full-day campers will have a **30-minute lunch break (approximately 12:00–12:30 PM)**. Lunch may be eaten in a tent or shaded outdoor area. Each full-day camper must bring a clearly labeled sealable lunch box with camper's first and last name **Non-perishable food items only (Fridges are only available for medication)**. These procedures help prevent food-related allergic reactions. **Cold drinking water and hand-washing stations** are available throughout the grounds. Snack and soda vending machines are available on-site.

2. Sun Protection (Sunburn & Heat Safety)

Most camp activities take place outdoors. Campers should wear sunscreen and a cap or helmet when riding or working hands-on with horses. Parents are encouraged to apply the first layer of sunscreen at home AND send sunscreen with their child (clearly labeled with their name). Staff will assist with reapplication as needed. Shaded areas and water stations are available at all times.

3. Footwear Requirements

For safety around horses and barn areas: campers **must wear sturdy, closed-toe footwear**, such as hiking shoes or low-heel boots. **Not permitted:** flip-flops, sneakers, sandals, or open-toe shoes.

4. Ticks, Insects & Bee Stings

Staff will monitor campers, but parents should **check their child nightly for ticks**. If you would like your child to use insect repellent, please send it labeled with your child's name and a written note with application instructions. The American Academy of Pediatrics recommends repellents with **less than 10% DEET** (e.g., OFF, Skintastic). Bee or wasp stings may occur, especially on trails. Please notify us of **any insect sting allergies**. Children with bee sting allergies are encouraged to wear **long sleeves while trail riding**.

5. Immunizations & Medical Forms (Required by NJ State Law)

All campers must have a **completed medical form to register for camp**. It should include a completed Camp Health form, Proof of immunizations and Health Exam form to be completed and signed by a physician dated within the year of the camp start date.

6. Illnesses & Injuries

If a camper becomes ill they will be brought to the **First Aid Station (located near the barn entrance)**. Parents will be contacted if the child has a fever, a communicable illness is suspected, or the camper requests to go home. For minor injuries treatment will be provided by **CPR-certified staff**. For more serious injuries, the Office Manager or Health Officer will contact the First Aid Responder and then the parent/guardian. Next steps and treatment options will be discussed. A **Consent to Treat Form** is included and must be completed to complete registration.

7. Drop-Off and Pick-Up Policies

Early drop-off (before 8:30 AM) and **late pick-up (after 4:30 PM)** must be arranged in advance. A \$10 fee applies per occurrence. No structured camp activities are offered during these times. Children will be supervised by a counselor but considered **barn volunteers**, not active campers, during this period.



**SEATON HACKNEY STABLES / Equishare USA, LLC
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Registration Packet - Health Form**

CAMPER INFO

Camper Name: _____ Age as of 6/1/26: _____
 Weeks Attending Camp: _____ Phone #: _____
 Parent/Guardian Name: _____
 Email: _____

Medical Providers

Primary Physician Name: _____ Phone: _____
 Address: _____
 Dentist/Orthodontist Name: _____ Phone: _____
 Address: _____

Emergency Contacts

Contact # 1 Name: _____ Phone #: _____
 Contact # 2 Name: _____ Phone #: _____

Special Needs & Allergies

- Food Allergies: _____
- Medical Allergies: _____
- Medications Sent to Camp: _____
- Emergency Instructions: _____

Special Needs Notification

Please circle YES or NO. If Yes, please describe why.

- | | | | |
|------------------------|-----|----|--------------------|
| - Physical Restriction | YES | No | Description: _____ |
| - Diabetes | YES | No | Description: _____ |
| - History of Seizures | YES | No | Description: _____ |
| - Other Conditions | YES | No | Description: _____ |
| - Medical Allergies | YES | No | Description: _____ |
| - Food Allergies | YES | No | Description: _____ |
| - Activity Restriction | YES | No | Description: _____ |

Use this space to provide any additional information about the camper's behavior, physical, emotional or mental health about which the camp should be aware:

Health Waiver & Permission to Treat

I, the undersigned parent/guardian, authorize camp staff to provide routine health care and seek emergency medical treatment for my child if necessary. I understand that prescribed medications must be accompanied by written instructions.

Child's Name: _____ Parent Name: _____
 Date: _____ Parent/Guardian Signature: _____

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TO BE FILLED OUT BY Camper's PHYSICIAN WITHIN 1 YEAR OF CAMP START DATE.

CAMPER INFO

Camper Name: _____

Age as of 6/1/26: _____

Weeks Attending Camp: _____

Height: _____ Weight: _____

Parent/Guardian Name: _____

Phone #: _____

Medical Provider

Primary Physician Name: _____

Phone: _____

Address: _____

Fax / Email: _____

General Health History

(If any answer is "Yes," explanation is required on a separate page.)

- Any recent injury, illness, or infectious disease? Yes No
- Any chronic or recurring illness or condition? Yes No
- Ever been hospitalized or had surgery? Yes No
- Have / Had frequent headaches? Yes No
- Any head injury or been knocked unconscious? Yes No
- Wear glasses, contacts or protective eye wear? Yes No
- Frequent ear infections? Yes No
- Ever been dizzy/passed out during/after exercise? Yes No
- Ever had seizures? Yes No
- Ever had chest pain during or after exercise? Yes No
- Ever had high blood pressure? Yes No
- Ever been diagnosed with a heart murmur? Yes No
- Ever had back problems? Yes No
- Ever had problems with joints? Yes No
- Bringing an orthodontic appliance to camp? Yes No
- Have any skin problems? Yes No
- Have diabetes? Yes No
- Have asthma? Yes No
- Had Mononucleosis in the past 12 months? Yes No
- Has a problem with diarrhea / constipation? Yes No
- Have problems with narcolepsy or sleepwalking? Yes No
- Have an abnormal menstrual history? Yes No
- History of bed wetting? Yes No
- Have/had an eating disorder? Yes No
- Emotional difficulties for which professional help was sought?
 Yes No

Immunization History

Did the camper have any of the below? If Yes, when?

Measles Chicken Pox German Measles Mumps Hepatitis A Hepatitis B Hepatitis C

Please give dates of immunization for:

DTP _____ TD _____ Tetanus _____ Polio _____ MMR _____ Measles _____ Mumps _____

Rubella _____ Haemophilus Influenza B _____ Hepatitis B _____ Varicella Covid _____

Medication

Are they currently taking any medication? If so, what: _____

Does the need to assist with administration of the medication? Yes No Describe: _____

Medical Clearance for Camp Participation

Based on my examination, I certify that the above-named camper:

IS medically cleared to participate in **horseback riding and all camp activities**

IS medically cleared with restrictions (explain below)

IS NOT medically cleared to participate in horseback riding

Restrictions, accommodations, or limitations (if any): _____

Physician Signature

I certify that I am a licensed medical provider in good standing and that the above information is accurate to the best of my knowledge.

Physician Signature: _____ License Number: _____

Date of Examination: _____