



EMERGENCY INFORMATION

Name of Participant: _____ Age _____

Address: _____

Telephone: _____

Parent/Guardian Name: _____

Address: _____

Telephone: _____

Additional Numbers _____

Emergency Contact: _____

Telephone: _____

Physician's Name: _____

Medical

Coverage: _____

Allergies: Insect Stings _____ Asthma _____ Food _____ Other _____

Please use this space to supply McMullen Stables with any information (physical, medical, social, psychological, etc.) that you feel will be helpful for us to know about working with your camper: