

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(completed by parent/guardian **EVEN IF NOT APPLICABLE, WRITE N/A AND SIGN**)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis(at parent/guardian discretion):	
Parent/Guardian's Name:	
Primary Phone:	Secondary Phone:
Email:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

(continues on back)

Ironstone Farm - Home of Challenge Unlimited and Ironstone Therapy, Inc

450 Lowell St., Andover, MA 01810 978-475-4056 Tel 978-475-4046 Fax
www.IronstoneFarm.org SummerPrograms@IronstoneFarm.org

Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
<p>I hereby authorize the health care consultant** or properly trained health care supervisor** at _____ to administer, to my child, _____ the medication(s) camper name listed above, in accordance with 105 CMR.</p>	
<p>If the above-listed medication includes an epinephrine injection system: I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant** ___ Yes ___ No ___ Not Applicable</p> <p>I hereby authorize an employee who has received training in allergy awareness/epinephrine administration to administer ___ Yes ___ No ___ Not Applicable</p>	
<p>If the above listed medication includes insulin for diabetic management: I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant** ___ Yes ___ No ___ Not Applicable</p>	
Signature of Parent/Guardian:	Date:

****Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with a documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse or another person specially trained in first aid

**Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE**

*Client Name: _____ *Gender: M ___ F ___ *DOB: _____ *Height: _____ *Weight: _____

The Client (myself, child/ward) DOES ___ or DOES NOT ___ have a (physical or other) diagnosis or disability. *Required Fields

Client Address: _____ City: _____ State: _____ Zip: _____

*Best Phone: _____

*Best Email: _____ CC Email: _____

Parent/Spouse/Guardian 1 Name: _____ Phone #: _____

Parent/Spouse/Guardian 2 Name: _____ Phone #: _____

Group Home Contact Name: _____ Phone #: _____

Name & Phone# of Employer (Client): _____

Name & Phone# of Employer (Parent/Spouse 1): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician Name: _____ Phone #: _____

Person(s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____ Third

party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk/Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks

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and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Opt out: **No, I do not consent.** _____

I would ___ would not ___ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available.
(Please check one)

<p>I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.</p>

Date: ___ / ___ / ___

Signature Print name

(Parent/Guardian must sign for all clients under the age of 18)



SUMMER PROGRAMS 2026 PERMISSION FORMS

Please initial and sign at the bottom of the page, **if not applicable, please write N/A and still sign.** Return to SummerPrograms@IronstoneFarm.org.

The following permissions are for my child, _____

child's name

RIDE HOME PERMISSION

My child has permission to be picked up from Ironstone Farm Summer Programs by the authorized person(s) listed. I understand that anyone picking up will need to show a valid ID for my child to be released to their care.

Please print first & last name(s)

Please print first & last name(s)

Please print first & last name(s)

Please print first & last name(s)

INSECT-REPELLENT & SUNSCREEN-APPLICATION PERMISSION

Due to the Massachusetts Health Department's stringent guidelines, all clients MUST have the following permission slip signed and dated by a parent or guardian for camp weeks they will attend.

I DO **I DO NOT** give permission for my child to self-apply insect repellent and or sunscreen as needed while at Ironstone Farm's Summer Program. *If so, I have provided my child with insect repellent and/or sunscreen to be used.*

POPSICLE PERMISSION

I DO **I DO NOT** give permission for my child to have (a) popsicle(s) during Ironstone Farm Summer Camp

Parent/Guardian Signature for all above permission

Date



IRONSTONE FARM SAFETY REGULATIONS

PLEASE READ CAREFULLY

The following regulations have been established for your safety and the safety of all involved in the activities at Ironstone Farm. Please make every effort to abide by them during your time on the premises.

SMOKING: There is **NO SMOKING** allowed on the property of Ironstone Farm.

CHILDREN: Ironstone is a working farm. We insist that all children, when not involved in a lesson, remain beside their accompanying adult. Running, yelling, or unaccompanied children can create hazardous situations – for themselves, riders, handlers, staff, and other visitors at the farm. Please observe (or ask about) designated areas for viewing lessons. If children behave in an unsafe manner, we may ask you to remove them from the premises.

PETS & SERVICE ANIMALS: The animals at Ironstone Farm live in harmony with one another and the introduction of a new animal is handled very carefully. Visiting pets will upset this harmony and can be very disruptive, creating an unsafe situation. Please leave your pet(s) at home. With regards to service animals, please check with the office before visiting the farm.

TREATS: Our animals are on a routine feeding schedule. Their daily intake is carefully monitored. Treats may be harmful to some animals, and hand-feeding encourages the animals to bite in search of treats and can be dangerous. Please do not feed the animals.

PARKING: Please park in designated areas only. Observe the “No Parking” signs and spaces allotted for the pick-up and drop-off of clients. Please do not sound your horn/car alarm while on Ironstone Farm property! Sudden loud noises may frighten the animals residing at the farm as well as clients participating in therapy.

UMBRELLAS: Please do not use umbrellas on the property. The odd shape and sudden movement of opening/closing an umbrella can startle our horses.

THE BARN: The upper barn is a staff-only area. If you need to reach someone in the barn office, please call us at 978-475-4056, or ask a present staff member to contact us for you.

OBSERVATION: Our instructors and therapists are trained professionals. Please remain outside the teaching area during lessons. You are invited to watch from designated areas.

Paddock: Only Staff, Working Students, and Feeders (all of whom must have Paddock Privileges) are allowed in the Paddocks. *Volunteers and visitors are not allowed to enter the Paddocks for any reason.* **HEAT POLICY:** In cases of hot or cold weather where we are able to safely hold camp and remain open, we will hold camp and modify activities to still be productive and help our riders learn new skills outside of riding. Ironstone Farm reserves the right to hold unmounted or modified lessons in cases of very hot weather.

We appreciate your patronage. We pledge to offer you the best in quality, horse-related and therapeutic programming. During your time spent with us, we ask that you have respect for the property, the animals, and the staff. -- Thank you!

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ AND FULLY UNDERSTAND THE POLICIES PUT FORTH BY IRONSTONE FARM.

SIGNATURE: _____ **DATE:** _____

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