

Paloma Trails 2016 Summer Horse Camp

Paige Clough Certified Therapeutic Riding Instructor
Medical and Emergency Contact Information

_____ Child's Name		_____ Date of Birth	M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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ALLERGIES List all known. Medication allergies (list)

Food allergies (list)

Describe reaction and management of the reaction.

Other allergies (list)—include insect stings, hay fever, asthma, animal dander, etc.

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date