

Topical Application and Medication Permission Form
INCLUDES SUNSCREEN AND INSECT REPELLENT

IF YOUR CHILD IS BRINGING ANY TOPICAL APPLICATIONS OR MEDICINE, WE MUST BE NOTIFIED. All products will be kept in a secure location, and we will assist your child per your instructions.

I, _____, the parent/guardian of
_____ give my permission for the staff of Blue Ridge
Horse Adventures, Inc. to administer or apply the checked products below as needed or
instructed only. (Please note instructions.)

- Sunscreen _____
- Insect Repellent _____
- Antibiotic Ointment _____
- Cortisone Cream _____
- Ibuprofen _____
- Acetaminophen _____
- Epi-Pen _____
- Benadryl _____
- Other _____

Signature X _____ Date _____