

MEDICAL RELEASE FORM

Northern Arizona Riding Stables Horse Lesson/ Camps (Please print clearly)

If medical attention is required for \_\_\_\_\_ (student/camper) in conjunction with any lessons (private or group) and/or camp activities, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical attention as deemed necessary by staff of Northern Arizona Riding Stables, or any medical facility providing treatment.

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

If Parent of Guardian is NOT available, Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

My Child is Allergic to:

(Including food allergies) \_\_\_\_\_

Other Medical conditions \_\_\_\_\_

My Child Takes the Following Medications \_\_\_\_\_

For \_\_\_\_\_

I give permission for the Northern Arizona Riding Stables staff to give my child over-the-counter medicines (such as Tylenol, Motrin, Benadryl) \_\_\_\_\_ yes \_\_\_\_\_ no

Child's Birth date \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_

**Policy/Group Number** \_\_\_\_\_

• Special Instructions \_\_\_\_\_

I HAVE READ THIS ENTIRE AGREEMENT AND CONSENT TO THE ABOVE.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Print name \_\_\_\_\_