



Medical Treatment Authorization

My child/teen, _____, has permission to participate in equine activities at Oakmore Equestrian Inc.

Medical information:

It is important that we have up-to-date information for each child. Please fill out the following information before returning this for to

Parent/Guardian Name(s): _____

Cell or Emergency phone: _____
(number to call if emergency occurs).

Emergency contact: (in case parent cannot be reached)

- ❖ Name: _____
- ❖ Relationship: _____
- ❖ Phone: _____

If Oakmore Equestrian Staff cannot reach the parent/guardian or emergency contact, I/we give permission for Oakmore Equestrian Staff to call paramedics, physician, or dentist. If a live threatening emergency exists, I/we give permission for Oakmore Equestrian Staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

In the Oakmore Equestrian Staff cannot reach me (parent/guardian) or emergency contact, I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital car which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Allergies or Medical Conditions:

Please list any allergies or medical conditions that might require some type of intervention during this event.



MEDICATION: I/we agree to inform Oakmore Equestrian Staff /Trainer of any medications that must be given during summer camp. I/we will supply such medication in the original pharmacy labeled packaging with only the dosage needed for the event. I/we understand that supplying my child's trainer with emergency medications, such as epi-pen and inhaler, for all trips and sports activities is my responsibility. I/we further understand that Oakmore Equestrian Staff and personnel are not held liable for the administration of the above medication or for its possible side effects.

- ❖ Parent/Guardian Signature: _____
- ❖ PRINT NAME: _____
- ❖ Date: ____/____/ 2017