



Health Form

This form must be filled out by a parent or guardian if student is under 18 years of age.

Mail to: Lori Walker-Jump For Joy Equestrian Program, LLC
8940 Lazy Ridge Lane, Concord, NC 28027

Full Name:	Address:
Parent(s) Full Name(s):	
Home Phone:	Contact Name:
Cell Phone:	Contact Name:
Other Emergency Contact #	Contact Name:
List any illness or injury the student has had in the last 3 months:	
List any allergies that the student may have due to pests such as bee stings, natural allergens such as dust or grass and any food or drug allergies. Be very specific.	
If you listed any allergies above please explain the severity of the allergy, how the student reacts, what signs or symptoms we should look for, and what treatment is required. Please be very specific.	
Does the student take medication routinely for a chronic condition?	If yes, explain:
Is the student on a special diet or have any dietary restrictions?	If yes, explain:
Does the student have any physical limitations?	

Medical release: I hereby give consent for my child to receive emergency medical treatment from medical personnel in the event that I cannot be reached immediately in an emergency. In addition I give my child full permission to participate in activities conducted by Jump for Joy Equestrian Program, LLC.

Insurance name and Policy # _____
Parent/Guardian Signature _____ Date: _____