



Medical treatment authorization form

My child, _____, has permission to participate in equine activities with Claudia Heath Farm.

Medical information:

It is important that we have up-to-date information for each child. Please fill out the following information before returning this form. **Please include a copy of the parent/guardian drivers license.**

Parent's Name: (Please print) _____

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

Emergency contact: (in case parent cannot be reached)

Name: _____ Relationship: _____

Phone: _____

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

If the farm 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 agree to inform that trainer of any medications that must be given during the event. I will supply such medication in the original pharmacy labeled packaging with only the dosage needed for the event. In addition, I 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 further understand that farm personnel are not held liable for the administration of the above medication or for its possible side effects.

Name of medication: _____

Dosage: _____ Time needed: _____

Special Instructions: _____

Any possible side effects: _____

Parent signature: _____ Date; ___/___/___