

# The Stables at Towne Lake

## Student Information & Medical Release Form

409 Old Boring Lane  
Woodstock, GA 30189  
678 718 7180

### STUDENT INFORMATION

Participant's Name		Birth date	
Address			
Parent or Guardian			
Home Phone		Cell Phone	
Email			

### EMERGENCY CONTACT

Name		Relationship	
Address			
Home Phone		Cell Phone:	

### INSURANCE INFORMATION

Health Insurance Carrier		Carrier PH #	
Health Insurance Policy Number			
Address			

### HEALTH INFORMATION:

Allergies, Physical Limitations, Behavioral Issues, Learning Disabilities or Special Needs (ADHD, ADD, Autism, CP, Dyslexia, etc.) \_\_\_\_\_

Current Medications: \_\_\_\_\_

The above information is necessary to tailor teaching to the needs of the rider. What may work for one student, may not work for another. It is important that each child rides to the best of his/her ability and we are able to teach to the best of ours.

\*Please initial here that you have read and agree to adhere to all of Towne Lake Equestrian Club, Inc DBA The Stables at Towne Lake rules and policies, \_\_\_\_\_ (initial)

### AUTHORIZATION TO CONSENT TO TREATMENT

To be filled in and signed by adult participant, or parent(s) or legal guardian(s) of a minor participant, whose medical insurance is carried by the above named health insurance policy, authorize members of Towne Lake Equestrian Club, Inc. DBA The Stables at Towne Lake as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether at the barn, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This authorization shall remain effective from \_\_\_\_\_ to \_\_\_\_\_ (date), unless sooner revoked in writing.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is under 18)