

Student Emergency Medical Form

Student's Name: _____		Date of Birth:
Parent/Guardian: _____		Home Phone:
City: _____	State: _____	Work Phone:
Zip: _____		Date of Onset:
Student's Disability:		
In case of Emergency:		
Physician's Name: _____		Phone:
Address: _____		Preferred Medical Facility:
City: _____	State: _____	Zip: _____
Health Insurance Co:		Policy No:
Person who is authorized to give temporary assistance or care in the absence of parent or guardian:		
Name:	Phone:	Relationship:
Describe any medical condition requiring special precautions or treatment and medications and dosage:		
(a) None <input type="checkbox"/>	(b) Please Describe: _____ _____	
In case of medical emergency , the undersigned authorizes <i>Equestrian Therapy Program</i> to provide such medical assistance as they determine to be necessary, I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, to the administration of any treatment deemed necessary by or the transfer to the student to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity to such surgery and are obtained prior to the performance of such surgery.		
Liability Release		
No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian/ or self if the person is of legal age (18) he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organization concerned, including <i>Equestrian Therapy Program</i> . Yes, I would like _____ to have riding instruction, and I have discussed this with the rider's doctor. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including the <i>Equestrian Therapy Program</i> in the event of any accident which may occur.		
Date:	Signature: (Parent/Parents/Guardian/Student over 18)	