

MEDICAL CONSENT / RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc.

Any representative of the following organization is designated to act in my behalf until I have been contacted: *Wilderness Horse Camp*

Or

The following individual is designated to act in my behalf until I have been contacted:

General Release

I understand the above named child assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named child, heirs, executors, administrators assign, or as I may have against Wilderness Horse Camp Its directors, coaches, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation

Date of birth ___/___/___ for the above named individual.

Date of last Tetanus Booster ___/___/___ for the above named individual.

Known allergies and reactions of the above named individual, including any allergies to medicine:

Any other special medical problems that should be noted about the above named individual.

Any medications that the above named individual will be bringing with them.

Family Physician _____ Phone Number _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip _____

Phone: H _____ W _____ Other _____

Person Responsible for charges (if different than above) _____

Address: _____

City/State/Zip _____

Phone: H _____ W _____ Other _____

Other Person to notify if parent/guardian is unavailable _____

Phone: H _____ W _____ Other _____

Insurance Company _____ Policy or Group Number _____

Signature of Parent/Guardian _____

Date _____

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(This section for notary if required)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 200____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person(s) named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC
My Commission Expires: _____