

CAMPER MEDICAL RELEASE FORM

If medical care is required in conjunction with any activity or related transportation at Manito Equestrian Center, and if normal permission is not available in a timely manner, I _____ authorize appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

Emergency Contact Information

Whom to contact in emergency:

Relation to child: _____

Address: _____

Telephone for Above Person:

Home: _____

Cell: _____

Work: _____

Please list any problems or comments we should be aware of, regarding medications, allergies, health problems, et cetera:

Family Physician:

Phone: _____

Desired Hospital:

Phone: _____

Medical Insurance Company:

Policy Number(s): _____

IMPORTANT	Date of Birth: _____	IMPORTANT
	Home Phone: _____	
	Cell Phone: _____	
	Work Phone: _____	
	E-Mail: _____	

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ITS CONDITIONS:

student name (please print)

student signature

date

parent name (please print)

parent/guardian signature

date