



**RAINTREE RANCH EQUESTRIAN CENTER
MEDICAL RELEASE**

If medical care is required for myself or my child, _____, in conjunction with any Raintree Ranch Equestrian Center (RREC) activities and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

RELATED INFORMATION:

Name/Parent or Guardian: _____

Address: _____

Telephone (home): _____ (work): _____

Emergency contact: _____

Telephone: _____

PHYSICIAN: _____

Known allergies to: _____

Medication(s) currently being taken: _____

For: _____

Date of Birth: _____

Medical Insurance Co: _____

Policy No: _____

SPECIAL INSTRUCTIONS TO BE COMPLETED BY PARENT/GUARDIAN: As Parent or Guardian of the above named child, please attempt to contact me at the time of an accident or illness without postponing medical treatment.

Other information/instructions: _____

I HAVE READ THE MEDICAL RELEASE AND AGREE TO ITS TERMS:

Name/Parent or Guardian

Date