



Emergency Medical and Release Form

Emergency Treatment Release Statement: I hereby authorize the staff of Arrowhead Farm and or any licensed physician, Emergency Medical Technician or other qualified hospital personnel to render medical treatment to my child:

_____ which, in their judgment, is necessary in the event of illness or injury. I understand that, on all such cases, I will be notified as quickly as possible.

(Signature of Parent or Guardian) (Date)

Campers Name _____ DOB _____

Winter Address _____

Summer Address _____

Home Phone _____ Summer Phone _____

Cell Phone _____ Additional Number _____

Emergency Contact _____ Number _____

My Child _____ may leave Arrowhead Farm after camp or in case of

Illness or emergency with _____

Please sign: _____

(date)

Waiver of Liability:

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Arrowhead Farm. Recognizing the possibility of physical injury associated with horseback riding, accepting student/rider for its equestrian programs and activities (the "Program"), I hereby release, discharge and /or otherwise indemnify Arrowhead Farm, its personnel, including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Program.

Please sign: _____

(Date)

Please list any and all Allergies, special medical conditions, special medications or health problems:

Please list any and all medications that your child takes on a regular basis. Please include amounts taken and routine administration times:

Blood type (if known) _____ Does your child wear contact lenses _____

Name of Family Doctor _____ Phone Number _____

Date of Last Physical _____

Medical Insurance Name and Address: _____

Policy Number _____

The following medications are carried in our First Aid Kits. Please signify your approval to administer these medications to your child based on need and our judgment. Any medication marked "No" will not be administered.

Medication	Yes	No
Advil Tablets	___	___
Sun Screen	___	___
First Aid Cream	___	___
Lip Balm	___	___
Neosporin	___	___
Tylenol	___	___

Please attach your child's Health Record listing most recent Immunizations