

Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required to be determined by a representative of Slocum's Appaloosa Ranch, until such time that I may be contacted. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

My name: _____ Phone (H): _____ (W) _____

My address: _____

City: _____ State: _____ Zip: _____

My Insurance company is: _____

My Insurance policy number is: _____

In case I can not be reached, either of the following is designated:

Name: _____ Phone _____ Phone _____

Name: _____ Phone _____ Phone _____

Child's Physician _____ Phone _____

Physician's Address: _____

Known Allergies: _____

Place circle all that apply:

Asthma ADHD Bleeding/Nosebleeds Diabetes Glasses Ear Infections

Heart Problems Seizures Fainting Hearing Special Diet

Gastrointestinal Problems Other _____

I certify that my child, _____, has received all required immunizations at this time.

Signature (Parent): _____ Date: _____

Parent's Name (print): _____