

Medical Release Form for Adamsville Stables

We, _____, (Parents) hereby give permission for any and all medical attention to be administered to our child _____ in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter, until such time as we may be contacted. We also assume the responsibility for the payment of any such treatment.

PARENTS: _____

HOME PHONE: _____ CELL _____

ADDRESS: _____

ADDITIONAL CONTACT
NUMBERS: _____

CHILD'S NAME _____ DOB: _____

KNOWN ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

SIGNATURE (Parents) _____

Any additional information about your child that will enhance his/her experience. (Learning or behavioral strengths and challenges, etc)

