



**River Wind Farm
2019 Summer Riding Program
Medical Information Form**

Child's Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____

Parent/guardian's name _____ Relationship to Child _____

Address (if different from above) _____

Phone _____ email _____

Emergency Contact: _____

Child's Physician/Clinic: _____
Name Address Phone

Health Conditions, allergies, special limitations or other concerns (please include any medications we might need to know about):

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize River Wind Farm to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signed: _____
(by parent/guardian if party is under 18)

Dated: _____