



MEDICAL RELEASE FORM (Adults)

Name: _____ Date of Birth _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Height: _____ Weight: _____ Date of last tetanus shot: _____

Primary Care Physician: _____ Phone Number: _____

Emergency Contact Name/Phone Number: _____

Medications: (Please list names, dosages, side effects and who prescribes them. Please also make note if medication impacts balance, sensitivity to sunlight, etc) _____

Please check any areas of medical concern. Please explain in the comments section.

Areas	Comments
Auditory _____	

Visual _____

Speech _____

Cardiac _____

Circulatory _____

Pulmonary _____

Neurological (seizure disorder?) _____

Muscular _____

Orthopedic _____

Allergies/Asthma _____

Allergy to hay _____ Bee Stings _____ Dust _____ Mold _____

Does you carry an Epi Pen or inhaler? _____

Learning/Academic_____

Psychological_____

Diabetes_____

Other_____

By signing this form, I, _____(please print your name) certify all information to be complete and true to the best of my knowledge. I am aware of the potential for risk and hazard to my person and property if I engage in equine activities, including simply being on the premises of Haven Oaks Farm. I have weighed the risks and benefits of equine activities and feel that the benefits outweigh the possible risks. I certify that, to the best of my knowledge, I am medically able to participate in equine activities. I understand that if AT ANY TIME I change my mind and rescind this permission, I will IMMEDIATELY, EXPLICITLY inform Shannon Myles, LCSW.

Client Signature:_____

Witness_____

Date:_____