



MEDICAL RELEASE FORM (Child)

Name: _____ Date of Birth _____

Address: _____

Parent/Guardian: _____

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 _____	
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Speech _____	
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Cardiac _____	
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Circulatory _____	
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Pulmonary _____	
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Neurological (seizure disorder?) _____	
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Muscular _____	
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Orthopedic _____	
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Allergies/Asthma _____	
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Allergy to hay _____ Bee Stings _____ Dust _____ Mold _____

Does your child carry an Epi Pen or inhaler? _____

Learning/Academic_____

Psychological_____

Diabetes_____

Other_____

By signing this form, I, _____(please print parent/guardian 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 the child for whom I am legal custodian if he/she engages 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 to my child/ward. I certify that, to the best of my knowledge, my child is 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.

Parent/Guardian Signature:_____

Witness_____

Date:_____