

Glenoaks Equestrian Center Rider Medical Information

Rider's Name: _____ **Date of Birth:** _____

Parent's Names: _____

Street Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail: _____

How did you hear about us? _____

Rider's Medial Information:

Ins. Carrier: _____ **Policy #:** _____ **Member #:** _____

Medical Doctor: _____ **Phone:** _____

Allergies? _____

Medications? _____ **If yes, please list:** _____

Last Tetanus Immunization Date: _____

Additional Medical Information: _____

Emergency Contact #1

Name: _____ **Relationship to Rider:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact #2

Name: _____ **Relationship to Rider:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Medical Release:

If emergency medical care is required for _____ and permission is not available in a timely fashion, then the undersigned authorizes emergency medical care as deemed appropriate by medical personnel, a physician, or medical facility providing treatment.

I have read the entire release and agree to it:

Signature: _____ **Date:** _____
(Parent or Guardian)