

ROCKIN' M STABLES

Medical Release Form

Participant's Name (Please Print)

Age

Date(s) of Camp

Guardian Name (If participant is under 18)

Cell Phone Number

Street Address

City, State, Zip

Home Phone Number

Alternate Phone Number (Please specify)

In case of a medical emergency, it is my understanding that first aid will be administered, if deemed necessary. Should the situation prove to be more serious and first aid is not sufficient treatment, it is my understanding that my child or I will be transported to the nearest emergency facility, or if possible, the medical facility listed below, and I authorize this facility to provide medical or surgical procedures necessary to preserve the life or well-being of the above named participant.

Preferred Hospital or Medical Facility

Address of Facility

Emergency Contact Name

Emergency Contact Number

Please list all known allergies: _____

Please list all information for any medications that will need to be administered while the participant is on site. All medication(s) should be in a sealed Ziploc baggy:

Prescription:

Dosage:

Frequency:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian

Date