



## MEDICAL INFORMATION

---

### Please Print

Name of Applicant: \_\_\_\_\_

### Please list 2 persons to contact in case of an accident or illness

1) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_  
(Parent/Guardian or next of kin)

Relationship to applicant: \_\_\_\_\_

2) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_  
(Alternate if above is not available)

Relationship to applicant: \_\_\_\_\_

Circle: AB, BC, Sask., NWT, Yukon, MB or Other: Health Care #: \_\_\_\_\_

Is applicant on medication or treatment, and if so, what? \_\_\_\_\_

\_\_\_\_\_

Any additional information (present/past medical history, falls from a horse, etc.)? \_\_\_\_\_

\_\_\_\_\_

We are **not** allowed to give any meds to your children, no Aspirin, Advil, prescription drugs etc. If your child is on meds they must be able to monitor their doses by themselves. If you want to send a small care pkg. of Tylenol, Benadryl etc. you child must take care of the administration of it.

**In the event of any injury or illness, I authorize the Ranch staff or their designate to seek and obtain such emergency or medical services as may be deemed necessary at the time.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent /guardian if applicant is under 18 yrs.