



MEDICAL INFORMATION

Please Print

Name of Participant: _____

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 #: _____

PLEASE disclose all medical/emotional/physical issues prior to registering, failure to do so may require us to send your child home early with no refunds.

Is applicant on medication or treatment now (or in the last five years)? and if yes, please give detailed info.

Any additional information (present/past medical history, falls from a horse, counseling, therapy, 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 safety and 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.