

Somerset Stables Medical Release

Last Name _____ First _____ Middle _____

Student's SS# _____ DOB _____ Age _____ Sex _____

Home-Phone# _____ Father-Wk-Ph# _____ Mother-WkPh# _____

In case of emergency contact: _____

Relationship: _____ Phone# _____

InsuranceCarrier _____ Policy#: _____

Physician's Name _____ Phone _____

Hospital Preference _____

In order for your child to attend Somerset Stables Lessons/Camp This form is not complete without your signature, home, work, or emergency telephone number. A physician's signature and telephone number are required if your child will need to take medicine during his/her attendance at Somerset Stables Camp.

The staff at Somerset Stables should be made aware that my child has the following medical condition(s), (List chronic conditions:e.g. sinus, kidney problems, asthma, penicillin, tetanus,etc.) Attach extra page and/or doctor's statement if necessary.)

I understand that any prescription medicine must be sent to Somerset Stables in the prescription bottle and permission for the administering of this medicine be signed by the parent/guardian and a medical doctor. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise as determined by the Somerset Stables staff supervisors. I hereby give permission for my child to participate in all such activities at Somerset Stables.

Signature of Parent/Guardian

_____ date: _____