

MEADOWBROOK STABLES' MEDICAL RELEASE FORM

(PLEASE PRINT CLEARLY)

Rider's Name _____

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Other _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

I/My child is allergic to _____

I/My child takes the following medication(s) _____

Are there any physical, mental, behavioral and/or learning disabilities that we need to be made aware of?

Yes _____ No _____ If Yes, please explain _____

Insurance Company _____ Policy # _____

Preferred Hospital _____

May a Meadowbrook Stables Staff member provide Aspirin, Ibuprofen, or Tylenol to your child on request? *Please check the appropriate boxes*

- | | |
|--|---|
| <input type="checkbox"/> YES, you may give ASPIRIN | <input type="checkbox"/> NO, you may not give ASPIRIN |
| <input type="checkbox"/> YES, you may give IBUPROFEN | <input type="checkbox"/> NO, you may not give IBUPROFEN |
| <input type="checkbox"/> YES, you may give TYLENOL | <input type="checkbox"/> NO, you may not give TYLENOL |

Additional special instructions: _____

I HAVE READ THIS ENTIRE RELEASE AND GRANT MY CONSENT TO THE ABOVE.

Signature of Parent or Guardian _____
Date