

FREDERICK COUNTY 4-H THERAPEUTIC RIDING PROGRAM

Emergency: Medical Release

In a medical emergency concerning and we, the parents/guardians, are not present, the Frederick County 4-H Therapeutic Riding Program, its Agents, its Affiliates and their Agent are authorized on our behalf and on our account to take such measures and arrange for such medical and hospital care and treatment as they deem advisable for the health and well being of our child/ward until we can be present.

Signature of Parent/Guardian

Signature of Parent/Guardian

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Address _____

Address: _____

Home Phone:

Home Phone:

Cell Phone:

Emergency Phone:

E-Mail Address:

E-Mail Address:

Date:

Date:

Physician's Name: _____

(Please print or type) Address: _____

Phone: _____

Medical Insurance Company: _____

Policy Number: _____

Hospital/Clinic of Choice: _____