

## Emergency Contact and Medical Information for a Child

### Kids Horsin' Around, Inc.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_  
City, ST ZIP Code City, ST ZIP Code

### Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_  
City, ST ZIP Code City, ST ZIP Code

### Medical Information

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go on field trips. I release **Kids Horsin' Around, Inc.** and individuals from liability in case of accident during activities related to **Kids Horsin' Around, Inc.**, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

