



SPRINGLAND RIDING STABLE

Medical History and Emergency Contact Sheet
2014

This form is to be completed by rider or on behalf of the riding student and returned to Springland Riding Stable.

Student Name: _____

Address: _____

Postal Code: _____

Home Phone #: _____

Parent/Guardian: _____

Work Phone #: _____

Emergency Contact Name and #: _____

Student's Physician and #: _____

Medical Information

1. Date of last complete medical examination: _____
2. Date of last tetanus immunization _____
3. Is student allergic to any drugs, foods or medications:
Yes No
If yes provide details: _____
4. Does student take any prescription drugs?
Yes No
If yes provide details: _____
5. What medication(s) should the participant have on hand during activity? _____
Who should administer the medication? _____
Instructions? _____
6. Does student wear any medical alert identification?
Yes No
If yes provide details: _____
7. Does the student wear glasses or contact lenses?
8. Does the student have any medical conditions that may affect their ability to ride?
Yes No
If yes provide details:

9. Medical Services Authorization (Optional)

In case of emergency medical or hospital services being required by the above listed participant, and with the understanding that every reasonable effort will be made to contact the parent, my signature on this form authorizes medical personnel and/or hospital to administer medical and or surgical services including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian/Student (adult)

Date