



## Medical Release Form

If medical care is required for \_\_\_\_\_ (Boarder, Rider, Employee) in conjunction with any BRRR activity or while Boarder, Rider, Employee is at BRRR, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician of the medical facility providing treatment.

### RELATED INFORMATION

#### Parent(s) or Guardian: (PLEASE PRINT)

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

#### If parent of guardian is unavailable, contact: (PLEASE PRINT)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Date of Birth \_\_\_\_\_

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Group \_\_\_\_\_

### Special Instructions

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian – or Self if Adult

\_\_\_\_\_  
Date