

**MEDICAL/FIELD TRIP AUTHORIZATION FORM
(When Students are Dropped Off at the Barn)**

Child's Name

Address

Phone _____ Birth date _____

Emergency Contact _____ Phone _____

Please complete the following information and submit any additional information that applies to your child.

Current Medications

Known Allergies

Does your child have any medical problems that we should be aware of?

_____ No known medical conditions

_____ Yes, Please explain

Physician

Insurance

Name on Policy

Policy or ID # _____

I give Anderson Equestrian Center, LLC permission to treat my child in case of an emergency.

I give Anderson Equestrian Center, LLC permission to supervise my child during the barn event.

I give Anderson Equestrian Center, LLC permission to transport my child to the field trip site.

I agree to release/hold harmless Anderson Equestrian Center, LCC and all Anderson Equestrian Center, LLC employees and volunteers from any liability or responsibility for accident, injury, illness or death to my child/the undersigned or to any horse owned by my child/the undersigned while under the care of Anderson Equestrian Center, LLC, when I am not present, whether on the premises or on a field trip, including during transportation to the field trip site.

Parent or Guardian Signature

Date: _____