



Health History

Is minor current on immunizations? _____ Date of last health examination: _____

Is minor allergic to any medications? _____ If yes, please list: _____

Does minor have any other allergies? _____ If yes, please list: _____

Are there any medical conditions we need to be aware of? _____ If yes, please list? _____

Please list any medications minor is currently taking: _____

Insurance Information

Company Name: _____ Policy #: _____

Policyholder's Name: _____

Consent to Treat A Minor

I, _____, the parent or legal guardian of _____ ("Minor") hereby give my permission and authorize emergency medical treatment to Minor deemed necessary as a result of any accident or illness while participating in the following United States Equestrian Federation, Inc. sponsored activity:

_____.

I understand that I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to Minor; and moreover I authorize the release of any records necessary for insurance purposes. I understand and agree that I am responsible for any amounts due and payable that is incurred from the hospital and/or physician.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

_____ Date