

T.E.A.D. – EQUESTRIAN ASSOCIATION FOR THE DISABLEDEMERGENCY RELEASE TREATMENT FORM (Please print)

Student's Name: _____

Parent or Guardian: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Date: _____

Student's Date of Birth: _____

Disability: _____ Date of Onset: _____

M.D.s Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Health Card Number: _____

Health Care Insurance Company Policy: _____

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

Name: _____ Phone: _____

Relationship: _____ Preferred Medical Facility: _____

Describe any medical condition requiring special precautions or treatment and any medications or dosage:

None () or:

Describe: _____

In case of medical emergency the undersigned authorizes _____ to provide any medical/surgical and/or hospitalization for the student, including anaesthetics, which they determine necessary or advisable, pending receipt of specific consent from the undersigned.

No student can be accepted for riding instruction until this form has been completed by the parent or guardian. If the student is of legal age (18), he or she may complete this form, if he or she is legally competent to do so. Riding instruction will be under strict supervision and, although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including T.E.A.D. – Equestrian Association for the Disabled.

Yes, I would like _____ to have riding instruction and I have discussed this with the student's doctor. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including T.E.A.D. – Equestrian Association for the Disabled, in the event of any accident which may occur.

Signature of Parent or Guardian: _____ Date: _____