

Dos Suenos Stables

Medical Release

Name of student: _____

Birthdate: _____

Any known allergies: _____

Any known health problems: _____

Any regular medication that student takes? *(if so, please list name, dosage & regularity of medication):*

Name of student's doctor: _____

Doctor's phone number: _____

If student is under 18 years of age:

Name of parent/legal guardian: _____

Best contact phone number for parent/legal guardian: _____

Second best contact number for parent/legal guardian: _____

Physical address of parent/legal guardian: _____

Alternative emergency contacts:

Name: _____ *Phone:* _____

Relationship to student: _____

Name: _____ *Phone:* _____

