

Happy Horse Happy Life Inc. Student Medical Information.

Participant Name.....

Emergency Contact

Cell.....

Allergies or Medical conditions we should be aware of

.....
.....

Medical Authority. I, (participant, or if minor, parents/guardians) hereby grant permission and authority to HHHL, its officers and authorized employees to act for me in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the person named above in the event of any perceived medical emergency. I hereby covenant and agree to release HHHL its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, and hold harmless from liability connected with obtaining prompt medical attention for the person named above.

Sign and Date.....

Print Name.....

Please be sure to bring a Copy of your Health Insurance Card with you.