



PEBBLE BEACH
EQUESTRIAN CENTER

MEDICAL RELEASE

FOR STUDENTS UNDER 18 YEARS OF AGE

Name of Student _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Student's Age _____ Birth Date _____

Name of Parent or Legal Guardian _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Do you have Health and Accident Insurance ? _____

State any Health Problems or Allergies _____

Date of Last Tetanus Shot(Check with your Doctor concerning this) _____

Family Doctor _____ Doctor's Phone _____

THE UNDERSIGNED, PARENTS OF STUDENT, A MINOR, DO HEREBY CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT HOSPITAL SERVICE THAT MAY BE RENDERED TO SAID MINOR UNDER THE GENERAL OR SPECIFIC INSTRUCTIONS OF ANY PHYSICIAN OR HOSPITAL. IT IS UNDERSTOOD THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS OR TREATMENT WHICH MAY BE REQUIRED, BUT IS GIVEN TO ENCOURAGE THE PEBBLE BEACH EQUESTRIAN CENTER STAFF, HOSPITAL STAFF, AND SUCH PHYSICIAN TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENTS OF SUCH DIAGNOSIS OR TREATMENT. THE UNDERSIGNED SHALL PAY ALL FEES FOR DOCTORS, HOSPITALS, AMBULANCES AND THEIR MEDICAL CHARGES REASONABLE AND NECESSARILY INCURRED.

Date _____

PRINT PARENT'S NAME

PARENT'S SIGNATURE