



## Emergency Medical Authorization

Please list all food/drug allergies your child may have, as well as medications taken, dosages, and time to be given (one item per line). If none, please enter "N/A". Parent/legal guardian will be required to sign a hard copy of this legal document upon arrival.

**Rider's name:**

Should the above-mentioned child suffer an injury or illness while in the care of ELLENWOOD EQUESTRIAN CENTER, LLC ("the facility"), and the facility is unable to contact me immediately, it shall be authorized for the facility to secure such medical attention and care for my child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers and other contact information of where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

**Rider's Primary Source of Healthcare:**

**Rider's Known Medical Conditions:**

Rider's Known Allergies:

Rider's Medications/Dosages/Times:

Legal Parent/Guardian:

Legal Parent/Guardian Email: