

Saving Grace Horse Rescue



Lessons Leasing Board

204 John Scott Rd

Aiken, SC

Health Form

Name of Student _____ DOB _____ Gender _____
Name of Parent(s) _____ Work _____
Address _____ Phone _____
Email _____ Cell _____

Emergency Contact

Name _____ Phone _____
Address _____ Cell _____
Relationship To Student _____

Equine Experience

Does Student Have any Riding or Equine Experience? Yes/No If yes, Please Explain

Medical Information

Does Student Take Any Medication? Will they be taken during this activity? Yes/No
If yes, Please Explain

Does Student have any medical conditions limitations or problems? Yes/No If yes, please explain

Please list all allergies (food, medication, bee stings etc.)

Name of Doctor _____ Phone _____
Name of Dentist _____ Phone _____

Medical Release

We, the parent(s) or legal guardian(s) of the student give consent and permission to Jackie, Terina, La'trice, and Chevelle Allen-to administer first aid to my child/student, and to administer medicine, to summon an ambulance, or to otherwise provide transport to a hospital where my child/student may receive emergency medical care.

Parent/Guardian Signature _____
Date _____

